

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90008 006 ***183.75

DOCUMENT # 768519

1. Corporation Name

ARC-BREVARD FOUNDATION, INC.

Principal Place of Business

**1694 CEDAR ST.
ROCKLEDGE FL 32955-3131**

Mailing Address

**1694 CEDAR ST.
ROCKLEDGE FL 32955-3131**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

05/18/1983

4. FEI Number

59-2295584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**DRESSLER, DONNA
DRESSLER AND DRESSLER
110 DIXIE LANE
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **RYAN, GERALD**
STREET ADDRESS **1694 CEDAR ST.**
CITY-ST-ZIP **ROCKLEDGE FL 32955-3131**

TITLE ☒ DELETE
NAME **SHINN, GREGG**
STREET ADDRESS **1934 S FISKE BLVD**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ DELETE
NAME **TD SWIFT, BARRY**
STREET ADDRESS **201 BARTON BLVD**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☒ DELETE
NAME **NUTTING, CHUCK**
STREET ADDRESS **719 E HIBISCUS BLVD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE
NAME **SD KRAFTCHICK, JUDY**
STREET ADDRESS **6370 N WICKHAM RD**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☒ DELETE
NAME **D OSBORNE, TRAVIS M**
STREET ADDRESS **300 DELANNOY AVENUE**
CITY-ST-ZIP **COCOA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1670 S. Fiske Blvd.**
1.4 CITY-ST-ZIP

2.1 TITLE **Past D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **CD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **VD** ☐ Change ☒ Addition
6.2 NAME **Chuck Rehm**
6.3 STREET ADDRESS **2109 Hidden Grove Lane**
6.4 CITY-ST-ZIP **Merritt Island FL 32953**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 (407) 690-3464

Date

Daytime Phone #

CR2E037 (11/98)

0020865