

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90197 001 \*\*\*122.50

**DOCUMENT # 768519**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2295584**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairman** ☐ Delete  
NAME **RYAN, GERALD**  
STREET ADDRESS **1670 S FISKE BLVD**  
CITY-ST-ZIP **ROCKLEDGE FL 32955-3131**TITLE **D/Chairman** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **SHINN, GREGG**  
STREET ADDRESS **1934 S FISKE BLVD**  
CITY-ST-ZIP **ROCKLEDGE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **SWIFT, BARRY**  
STREET ADDRESS **201 BARTON BLVD**  
CITY-ST-ZIP **ROCKLEDGE FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **DR** ☐ Delete  
NAME **NUTTING, CHUCK**  
STREET ADDRESS **719 E HIBISCUS BLVD**  
CITY-ST-ZIP **MELBOURNE FL**TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Delete  
NAME **KRAFTCHICK, JUDY**  
STREET ADDRESS **6370 N WICKHAM RD**  
CITY-ST-ZIP **MELBOURNE FL**TITLE **SD** ☐ Change ☐ Addition  
NAME **Cyndi Droseski**  
STREET ADDRESS **630 W. Eau Gallie Blvd.**  
CITY-ST-ZIP **Melbourne, FL 32935**TITLE **D** ☐ Delete  
NAME **REHM, CHUCK**  
STREET ADDRESS **2107 HIDDEN GROVE LN**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **John R. Schweinsberg, Jr. President/Ceo** 4/4/01 321-690-3464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)