2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005
Secretary of State

DOCUMENT# N01000006346

Entity Name: BREVARD COMMUNITY COLLEGE ALUMNI ASSOCAITION, INC.

Current Principal Place of Business:

1519 CLEARLAKE ROAD
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1519 CLEARLAKE ROAD
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-0920675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAMBLE, THOMAS E DR
1519 CLEARLAKE ROAD
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ARMSTRONG, LANCE DR	
Address:	1519 CLEARLAKE RD	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	ZWICK, JOHN	
Address:	1519 CLEARLAKE RD	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	GAMBLE, DR.THOMAS E	
Address:	1519 CLEARLAKE RD.	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	WILSON, ALBERTA	
Address:	1519 CLEARLAKE RD	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	KING, DR. MAXWELL	
Address:	1519 CLEARLAKE RD	
City-St-Zip:	COCOA, FL 32922	
Title:	D	( ) Delete
Name:	WILSON, J. BRUCE	
Address:	1519 CLEARLAKE RD	
City-St-Zip:	COCOA, FL 32922	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. LANCE ARMSTRONG P 09/13/2005

Electronic Signature of Signing Officer or Director — Date