

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006346

FILED
Feb 18, 2009
Secretary of State

Entity Name: BREVARD COMMUNITY COLLEGE ALUMNI ASSOCIATION, 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 ()

Name and Address of Current Registered Agent:

CAMPBELL, MISTY
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: CD () Delete
Name: O'CONNELL, AL
Address: 2510 CROOKED ANTLER DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: LAHAM, JAMES
Address: 635 ELLIOTT DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: M () Delete
Name: CAMPBELL, MISTY
Address: 3676 LONGBOW ROAD
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: LAFFITTE, ADRIAN
Address: 1265 MERCEDES DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: FARRAR, BUD
Address: 21 RIVERSIDE DRIVE #702
City-St-Zip: COCOA, FL 32922

Title: SD () Delete
Name: COOPER, ROCHELLE
Address: 489 SPRING LAKE DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: O'CONNELL, AL
Address: 2510 CROOKED ANTLER DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: CD (X) Change () Addition
Name: LAHAM, JAMES
Address: 635 ELLIOTT DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

Title: D (X) Change () Addition
Name: FARRAR, BUD
Address: 21 RIVERSIDE DRIVE #702
City-St-Zip: COCOA, FL 32922

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MISTY CAMPBELL

M

02/18/2009

Electronic Signature of Signing Officer or Director

Date