

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24547

FILED  
May 10, 2007  
Secretary of State

**Entity Name:** BREVARD SCHOOLS FOUNDATION, INC.

**Current Principal Place of Business:**

700 JUDGE FRAN JAMIESON WAY  
MELBOURNE, FL 329406699 US

**New Principal Place of Business:**

2700 JUDGE FRAN JAMIESON WAY  
MELBOURNE, FL 329406699 US

**Current Mailing Address:**

2700 JUDGE FRAN JAMIESON WAY  
MELBOURNE, FL 329406699 US

**New Mailing Address:**

**FEI Number:** 59-2895155      **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:**

GROFIK, JAMIE  
1700 NEW HAVEN AVENUE  
MELBOURNE, FL 32904 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: S ( ) Delete  
Name: DIPATRI, RICHARD  
Address: 2700 JUDGE FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 329406699

Title: P ( ) Delete  
Name: JAMIE, GROFIK  
Address: 1700 NEW HAVEN AVENUE  
City-St-Zip: MELBOURNE, FL 32904

Title: TD ( ) Delete  
Name: J. MASON, WILLIAMS III  
Address: P. O. BOX 1870  
City-St-Zip: MELBOURNE, FL 32902

Title: DBM ( ) Delete  
Name: BROCK, DAVID  
Address: 1030 S US 1  
City-St-Zip: ROCKLEDGE, FL 32955

Title: DBM ( ) Delete  
Name: GALEY, FRED  
Address: 2725 JUDGE FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: NEWTON, SUSAN  
Address: 8226 N. WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

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 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: JAMIE GROFIK

P

05/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date