


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90413 019 ****61.25

DOCUMENT # N24547 1. Entity Name BREVARD SCHOOLS FOUNDATION, INC.					
Principal Place of Business 2700 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940-6699 US			Mailing Address 2700 JUDGE FRAN JAMIESON WAY MELBOURNE, FL 32940-6699 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Viera, FL Zip Country		City & State Viera, FL Zip Country		4. FEI Number 59-2895155	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GROFIK, JAMIE 1700 NEW HAVEN AVENUE MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name Max Snider Street Address (P.O. Box Number is Not Acceptable) 3275 Sontree Blvd. City Melbourne FL 32940		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWTON, SUSAN 8226 N. WICKHAM ROAD MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Thomas Hollingsworth 1050 W. NASA Blvd., Ste. 145 Melbourne, FL 32901-1822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMIE, GROFIK 1700 NEW HAVEN AVENUE MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Max Snider 3275 Sontree Blvd. Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD J. MASON, WILLIAMS III P. O. BOX 1870 MELBOURNE, FL 32902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J J. Mason Williams III 1800 W. Hibiscus Blvd., Ste. 138 Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM BROCK, DAVID 1030 S US 1 ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Meredith Gibson P.O. Box 419001 Melbourne, FL 32941-9001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM GALEY, FRED 2725 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynn M. Clifton 2700 Judge Fran Jamieson Way Viera, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					