

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34113 (3)
1. Corporation Name
BREVARD COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business Mailing Address
C/O CHRISTINE WELCH C/O CHRISTINE WELCH
110 BARTON AVENUE 110 BARTON AVENUE
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955

2. Principal Place of Business 2a. Mailing Address
21 c/o Beverly Howerter 26 110 Barton Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Same as above 27
City & State City & State
23 Rockledge, FL 28
Zip Country Zip Country
24 32955 29 Brevard 30

REINSTATEMENT 97-98

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/12/1989 04/12/1996
4. FEI Number Applied For
59-2958113 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

SANSOM, DIXIE N.
110 BARTON AVENUE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent
81 Name
Howerter, Beverly
82 Street Address (P.O. Box Number is Not Acceptable)
110 Barton Avenue
83
84 City
Rockledge FL 85 Zip Code
32955

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Beverly Howerter Beverly Howerter, Director 3-18-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RCS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZEL, MARY LEE	1.2 NAME	700002478937--5
STREET ADDRESS	1940 GATES ROAD	1.3 STREET ADDRESS	-04/06/98--01004--002
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	****297.50 ****297.50
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, RITA	2.2 NAME	
STREET ADDRESS	633 CEDARSIDE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANSOM, DIXIE N.	3.2 NAME	Howerter, Beverly L.
STREET ADDRESS	110 BARTON AVENUE	3.3 STREET ADDRESS	110 Barton Avenue
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABAD, JULIANNE	4.2 NAME	
STREET ADDRESS	922 LOGGERHEAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

FILED

98 MAR 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E037 (4/97)