

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N34116 (6)**

1. Corporation Name

**BREVARD COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.**



Principal Place of Business

Mailing Address

% CHRISTINE WELCH  
110 BARTON AVENUE  
ROCKLEDGE FL 32955

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110 BARTON AVENUE  
ROCKLEDGE FL 32955

3. Date Incorporated or Qualified **09/12/1989** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2958113** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANSOM, DIXIE N.  
110 BARTON AVENUE  
ROCKLEDGE FL 32955**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, RITA		1.2 NAME	
STREET ADDRESS	633 CEDARSIDE WAY		1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL		1.4 CITY - ST - ZIP	
TITLE	RCS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZEL, MARY LEE		2.2 NAME	
STREET ADDRESS	1940 GATES ROAD		2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL		2.4 CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, RITA		3.2 NAME	
STREET ADDRESS	633 CEDARSIDE WAY		3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL		3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANSOM, DIXIE N.		4.2 NAME	
STREET ADDRESS	110 BARTON AVENUE		4.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKLEDGE FL		4.4 CITY - ST - ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABADA, JULIANNE		5.2 NAME	
STREET ADDRESS	922 LOGGERHEAD		5.3 STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Julianne Abada 3/25/96 (407) 779-8645

Date:

Daytime Phone #

CR2E037 (12/95)