

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

FILED

98 APR 14 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34116 (6)

1. Corporation Name

**BREVARD COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI
ON, INC.**



REINSTATEMENT

97-98
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Principal Place of Business	Mailing Address
% CHRISTINE WELCH 110 BARTON AVENUE ROCKLEDGE FL 32955	% CHRISTINE WELCH 110 BARTON AVENUE ROCKLEDGE FL 32955

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/12/1989	04/15/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2958113	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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 3-26-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORENO, RITA <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	633 CEDARSIDE WAY	1.2 NAME	400002491544--5
STREET ADDRESS	MELBOURNE FL	1.3 STREET ADDRESS	-04/17/98--01006--016
CITY-ST-ZIP		1.4 CITY-ST-ZIP	****297.50 ****297.50
TITLE	RCS MENZEL, MARY LEE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1040 GATES ROAD	2.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD MORENO, RITA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	633 CEDARSIDE WAY	3.2 NAME	
STREET ADDRESS	MELBOURNE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SANSOM, DIXIE N. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	110 BARTON AVENUE	4.2 NAME	Howerter, Beverly
STREET ADDRESS	ROCKLEDGE FL	4.3 STREET ADDRESS	110 Barton Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	TD ABADA, JULIANNE <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	922 LOGGERHEAD	5.2 NAME	ABADA, JULIANNE
STREET ADDRESS	SATELLITE BEACH FL	5.3 STREET ADDRESS	922 LOGGERHEAD ISLAND DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SATELLITE BCH, FL 32937
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.

SIGNATURE REQUIRED

CR2E037 (4/97)