FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36079 (4)

1. Corporation Name

THE BREVARD COUNTY AIDS COALITION, INCORPORATED

Principal Place of Business	Mailing Address
1495 N HARBOR CITY BLVD. #B MELBOURNE FL 32935	1495 N HARBOR CITY BLVD. #B MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1989
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3015424 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

WITKOVER, LINDA
478 BALLARD DR #8
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: Bill GOODE
82 Street Address (P.O. Box Number is Not Acceptable): 1495 N. HARBOR CITY BLVD #E
83
84 City: MELBOURNE FL 85 Zip Code: 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: BILL GOODE, PRES Bill Goode 2-27-95
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	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	RILEY, CAROL	1.2 NAME	MARCIA SHANESY	
STREET ADDRESS	1900 DAIRY RD	1.3 STREET ADDRESS	1260 US1 #101	
CITY-ST-ZIP	W MELBOURNE FL	1.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	ALLEN, CHRIS	2.2 NAME	JOHN F. MEDEIROS	
STREET ADDRESS	2810 WRIGHT AVE	2.3 STREET ADDRESS	285 W. LAUREN CT	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ELLNER, STEVE	3.2 NAME		
STREET ADDRESS	239 SAUDERS RD SE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	Bill GOODE PD	☒ Change ☐ Addition
NAME	WITKOVER, LINDA	4.2 NAME	1495 N. HARBOR CITY BLVD #E	
STREET ADDRESS	478 BALLARD DR #28	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: STEVE ELLNER TREAS Steve Ellner 2/27/95 407-242-0309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036021