

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 # 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

3. Date Incorporated or Qualified **12/26/1989** 3a. Date of Last Report **03/02/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODE, BILL
1495 N. HARBOR CITY BLV D.
#E
MELBOURNE FL 32935

81 Name **SHANESY, MARCIA**
82 Street Address (P.O. Box Number is Not Acceptable)
540 SOLITAIRE PALM DR
83
84 City **INDIALANTIC** FL 85 Zip Code **32903**

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 *Marcia Shanesy*
Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHANESY, MARCIA	
STREET ADDRESS	1260 US ONE #101	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MEDEIROS, JOHN F.	
STREET ADDRESS	285 W. LAUREN ST.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLNER, STEVE	
STREET ADDRESS	239 SAUDERS RD SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOODE, BILL	
STREET ADDRESS	1495 N. HARBOR CITY BLVD #E	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	540 SOLITAIRE PALM DR	
1.4 CITY-ST-ZIP	INDIALANTIC FL 32903	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DURGIN, STEPHANIE	
2.3 STREET ADDRESS	4541-2 BECK LA TRAIL	
2.4 CITY-ST-ZIP	MELBOURNE FL 32901	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RILEY, CAROL	
4.3 STREET ADDRESS	555 DESOTO PKWY	
4.4 CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Steve Ellner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-242-0309

CR2E037 (12/95)