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Jan 29 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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.
#8
MELBOURNE FL 32905

1495 N HARBOR CITY BLVD.
#8
MELBOURNE FL 32935-6527

3. Date Incorporated or Qualified
12/26/1989

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHANESY, MARCIA
540 SOLITAIRE PALM DRIVE
INDIALANTIC FL 32903

81 Name

CAROL RILEY

82 Street Address (P.O. Box Number is Not Acceptable)

555 DESOTO PKWY

83

84 City

INDIAN HARBOUR BEACH FL

85 Zip Code

32937

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 CAROL RILEY, PRES

Carol L. Riley

1/16/97

Signature, typed or printed name of registered agent and file 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 ☒ DELETE

NAME SHANESY, MARCIA
STREET ADDRESS 540 SOLITAIRE PALM DRIVE
CITY-ST-ZIP INDIALANTIC FL

TITLE SD ☐ DELETE

NAME DURGIN, STEPHANIE
STREET ADDRESS 4541-2 BECK LA TRAIL
CITY-ST-ZIP MELBOURNE FL

TITLE TD ☐ DELETE

NAME ELLNER, STEVE
STREET ADDRESS 239 SAUDERS RD SE
CITY-ST-ZIP PALM BAY FL

TITLE VD ☐ DELETE

NAME RILEY, CAROL
STREET ADDRESS 555 DESOTO PKWY
CITY-ST-ZIP INDIAN HARBOUR BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

PD

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

VD
TOM HARTLEY
1705 ELIZABETH ST

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

MELBOURNE FL 32901

6.1 TITLE

☐ Change ☐ 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 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.

CR2E037 (9/96)