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**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90023 031 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36079**

1. Corporation Name

**THE BREVARD COUNTY AIDS COALITION, INCORPORATED**

Principal Place of Business

1495 N HARBOR CITY BLVD.  
#8  
MELBOURNE FL 32935

Mailing Address

1495 N HARBOR CITY BLVD.  
#8  
MELBOURNE FL 32935



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/26/1989

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

9. Name and Address of Current Registered Agent

RILEY, CAROL  
555 DESOTO PKWY  
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name *Stephanie Durgin*

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

*1638 PGA Blvd*

*Melbourne FL*

*32935*

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 *Stephanie Durgin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*5-13-99*

12. OFFICERS AND DIRECTORS

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

TITLE **VD** ☒ DELETE  
NAME **HARTLEY, TOM**  
STREET ADDRESS **1705 ELIZABETH ST**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **TD**  
2.3 STREET ADDRESS **Rene N. Ledford**  
2.4 CITY-ST-ZIP **203 NE 1st Court**  
**Satellite Beach, FL 32937**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **VD**  
4.3 STREET ADDRESS **Teresa Miller**  
4.4 CITY-ST-ZIP **878 US Hwy 1**  
**Rockledge, FL 32955**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered:

SIGNATURE: *Rene N. Ledford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-13-99* (407) 634-6529

Date

Daytime Phone #

CR2E037 (11/98)