


FILE NOW: FILING FEE IS \$61.25

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Jul 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42826** (0)

1. Corporation Name

BREVARD AVIATION ASSOCIATION, INC.



Principal Place of Business	Mailing Address
% TONY YACONO 900 AIRPORT RD MERRITT ISLAND FL 32952	% TONY YACONO 900 AIRPORT RD MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified	03/29/1991
4. FEI Number	59-3092680
Applied For	Not Applicable

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
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
YACONO, TONY 900 AIRPORT RD MERRITT ISLAND FL 32952	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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

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	PD LASHER, RICHARD	1.1 TITLE	PD SHERRELL, ALVANC
NAME	2289 COX RD	1.2 NAME	1465 PATRIOT DR
STREET ADDRESS	COCOA FL	1.3 STREET ADDRESS	MELBOURNE FL 32940
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD HERRILL, ALVAN C	2.1 TITLE	VD YON, T&D H.
NAME	1465 PATRIOT DR	2.2 NAME	462 BLAKEY BLVD
STREET ADDRESS	MELBOURNE FL	2.3 STREET ADDRESS	COCOA BEACH, FL 32931
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CHURCHWELL, DOROTHY	3.1 TITLE	
NAME	1465 POLARIS ST	3.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD CHURCHWELL, MARCUS	4.1 TITLE	
NAME	1405 ISLAND DR	4.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

Marcus Churchwell

5/27/98

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CR2E037 (10/97)