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**May 06, 1999 8:00 am**  
**Secretary of State**

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0020673

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N42826**

1. Corporation Name

**BREVARD AVIATION ASSOCIATION, INC.**

Principal Place of Business

% TONY YACONO  
900 AIRPORT RD  
MERRITT ISLAND FL 32952

Mailing Address

% TONY YACONO  
900 AIRPORT RD  
MERRITT ISLAND FL 32952



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/29/1991

4. FEI Number

59-3092680

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

YACONO, TONY  
900 AIRPORT RD  
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

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

83

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

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 PD ☐ DELETE  
NAME SHERRILL, ALVANC  
STREET ADDRESS 1465 PATRIOT DR  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE VD ☐ DELETE  
NAME YON, TED H  
STREET ADDRESS 402 BLAKEY BLVD  
CITY-ST-ZIP COCOA BCH FL 32931

TITLE SD ☐ DELETE  
NAME CHURCHWELL, DOROTHY  
STREET ADDRESS 1465 POLARIS ST  
CITY-ST-ZIP MERRITT ISLAND FL

TITLE TD ☐ DELETE  
NAME CHURCHWELL, MARCUS  
STREET ADDRESS 1405 ISLAND DR  
CITY-ST-ZIP MERRITT ISLAND 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD  
LASHER, BARBARA  
2289 COX ROAD  
COCOA, FL. 32926

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VO  
CHURCHWELL, DOROTHY  
1465 POLARIS ST.  
MERRITT ISLAND, FL 32953

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

SD  
DEMME, MARY ANN  
250 S. SYKES CREEK PKWY #802  
MERRITT ISLAND, FL 32952

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TD  
YON, TERRELL H. JR  
402 BLAKEY BLVD.  
COCOA BEACH, FL. 32931

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

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Terrell H. Yon*  
Terrell H. Yon  
Date April 28, 1999 Daytime Phone # 407-783-7966

CR2E037 (11/98)