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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43284 (1)											
BCARC HOMES IV, INC.											
Principal Place of Business Mailing Address							III OHEAT HAID HID		III B (OII PIBII OIDI		
% 110 DIXIE LANE % 110 DIXIE LANE COCOA BEACH FL 32831 COCOA BEACH FL			31								
					3. Da	05/03/	orated or Qualife	ed 3a	Date of Last		٦
<u> </u>	ace of Business	2a. Mailing Address				I Number	<u> </u>			Applied For	\dashv
21 Suite Ast	# 010	26				59-3185288 Not Applica				Not Applicable	
Suite, Apt.	#, 8tC.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			ertificate of	Status Desired		•	Additional Required	1
City & State	e	City & State			6 . Ele	ection Carr	npaign Financin			May Be	\dashv
23		28			l l		Contribution	Added to Fees			
Zip	Country	Ζρ	Cou	intry			tion has liability			199.032,	
24	9. Name and Address of Current	Registered Agent	30		_	xida Statu	tes Address of Ne	Yes			_
***************************************		Troglotoros Agont		81 Name		anie and ,	AGGIESS OF NE	M Legister	rea Agent	,	-
DRESSI	ER, JAMES R.					5 NT					
110 DIXIE LANE				82 Street	Address (P.O. I	Box Numb	per is Not Accep	ptable)			
COCOA BEACH FL 32931				83			··········		····		ヿ゙
				84 City					os 7.	p Code	4
				,				F	-L '	•	
Or register	to the provisions of Sections 617.0502 and agent, or both, in the State of Floridath, and accept the obligations of, Section	 Such change was authorized 	s, the abo d by the o	ive-named corporation's	orporation subn board of direct	nits this st tors. I here	atement for the bby accept the a	purpose of appointmen	f changing its i it as registered	registered offici l agent. I am	Э
SIGNATURE	Signature, typed or printed name of registered agent a										
12.	OFFICERS AND		E Hegistered	Agent signature	required when reinstal		CHANGES 10	DAT		0RS IN 19	– જ઼
TITLE	D DELET		1.1 TITLE		Ţ	21110110	31111020 10	OTT-OCTIO:	Change	Addition	CR2E037 (12/95)
NAME	SCHWEINSBERG, JOHN R JR		1 2 NAME							_) (2)
STREET ADDRESS	850 BELHURST LANE		1 3 S	REET ADDRESS							
CITY - ST - ZIP	ROCKLEDGE FL			TY-ST-ZIP							_ ಔ
TITLE	T DOWN DAVE	DELETE	2 1 TI		7,7	. 🗇		,	Change Change	Addition	ျပ
NAME STREET ADDRESS	BRUNS, PAUL	111 - X 4	22 N		DMH.	1_1	parton	RI.	رکی		
CITY-ST-ZIP	3165 N. ATLANTIC AVENUE, R COCOA BEACH FL	i.N., #4		REET ADDRESS	231	126	RETON	011	′ [∨]	0-5	
TITLE	D DELETE			2 4 CITY-ST-ZIP 3 1 TITLE		ر عن ر	zage	<u> </u>	Change	Addition	7
NAME			3 2 N				•	•			
STREET ADDRESS	3500 N SYLVAN LANE		3 3 51	REET ADDRESS							
CITY-ST-ZIP	MELBOURNE FL		3 4. C	ITY-ST-ZIP							
TITLE	D	DELETE	4.1 Ti						Change	☐ Addition	
NAME STREET ADDRESS	OSBORNE, MAC		4. 2 N								
STREET ADDRESS CITY-ST-ZIP	300 DELANNOY AVENUE COCOA FL			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP							
TITLE	S	(X €LETE	5.1 TI		~				Change	☐ Addition	\dashv
NAME	RUSSELL, ELIZABETH		5.2 N/		Fette	cow,	BREN	da.	N	- Addition	
STREET ADDRESS	525 INDIAN RIVER AV, 302			5.3 STREET ADDRESS		5 14	ant foo	SQB	-d\.		
CITY-ST-ZIP	TITUSVILLE FL			TY-ST-ZIP	Co	coa	Bren art foo T-L	329	27		1
TITLE	D	DELETE	6.1 TI		`	1			Change	Addition Addition	7
NAME	SANSOM, DIXIE		62 N/	ME							
STREET ADDRESS	110 BARTON AVENUE			REET ADDRESS							
CITY-ST-ZIP	ROCKLEDGE FL y certify that the information supplied w	th this filing is valuntarily furnic	64 Cl	TY-ST-ZIP	alify for the even	notion of	ted in Castian 4	110.02/04/3	Florida Ctat	00 16 145	4
0.0 mile the	the information indicated as this serve	and a princing to voluntarity fulfills	moo and	account do	any for the exell	inhuoti atg	rectiff agotton i	∟i∍.∪((3)(K),	, Fiorida Statul	.es. i luntner	- 1

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 emportered 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR FIRE FOR

4-1796

407-690-3460