

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49526 (9)

1. Corporation Name

BREVARD HOME EDUCATORS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1248
SHARPESS FL 32959
SHARPESS

P.O. BOX 1248
SHARPESS FL 32959
SHARPESS

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/23/1992

3a. Date of Last Report

07/05/1995

4. FEI Number

59-3139030

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

PRITCHETT, LARRY
510 INDIAN BAY BLVD.
MERRITT ISLAND FL 32953

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

February 13, 1996

12. OFFICERS AND DIRECTORS

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME PRITCHETT, LARRY
STREET ADDRESS 510 INDIAN BAY BLVD.
CITY - ST - ZIP MERRITT ISLAND FL 32953

TITLE VCD ☒ DELETE
NAME JAMES, LARRY
STREET ADDRESS 309 CARMEL DR.
CITY - ST - ZIP MELBOURNE FL 32940

TITLE SD ☐ DELETE
NAME JENKINS, PATRICIA
STREET ADDRESS 1104 CYPRESS LANE
CITY - ST - ZIP COCOA FL 32922

TITLE TD ☐ DELETE
NAME BERTELLA, GUIDO J
STREET ADDRESS 4200 VANCOUVER AVE.
CITY - ST - ZIP COCOA FL 32926

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY - ST - ZIP

2 TITLE VCD ☒ Change ☐ Addition
2 NAME Gary Rowell
2 STREET ADDRESS 1215 Vassar Lane, Cocoa, FL 32922
2 CITY - ST - ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY - ST - ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY - ST - ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY - ST - ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Guido J. Bertella 2/13/96

CR2E037 (12/95)