


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 P.O. BOX 1248 CHARPES FL 32959	Mailing Address P.O. BOX 1248 CHARPES FL 32959-1248
--	---

2. Principal Place of Business 21 P.O. BOX 1248		2a. Mailing Address 26 P.O. BOX 1248		3. Date Incorporated or Qualified 06/23/1992	3a. Date of Last Report 02/21/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3139030	Applied For <input type="checkbox"/> Not Applicable
City & State 23 SHARPES, FL		City & State 28 SHARPES, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 32959		Zip 29 32959		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRITCHETT, LARRY 510 INDIAN BAY BLVD. MERRITT ISLAND FL 32953				10. Name and Address of New Registered Agent 81 Name ROWELL, GARY 82 Street Address (P.O. Box Number is Not Acceptable) 1215 VASSAR LANE 83 84 City COCOA FL 85 Zip Code 32922	
---	--	--	--	--	--

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 *David A. Rowell* DATE 6/13/97
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD NAME PRITCHETT, LARRY STREET ADDRESS 510 INDIAN BAY BLVD. CITY-ST-ZIP MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> DELETE	1.1 TITLE CD 1.2 NAME ROWELL, GARY 1.3 STREET ADDRESS 1215 VASSAR LANE 1.4 CITY-ST-ZIP COCOA, FL 32922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCD NAME ROWELL, GARY STREET ADDRESS 1215 VASSAR LANE CITY-ST-ZIP COCOA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VCD 2.2 NAME DUNN, DAVID 2.3 STREET ADDRESS 40 OGDEN DR. 2.4 CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME JENKINS, PATRICIA STREET ADDRESS 1104 CYPRESS LANE CITY-ST-ZIP COCOA FL 32922	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD 3.2 NAME BERRY, TRACY 3.3 STREET ADDRESS 7265 BARONET AVE. 3.4 CITY-ST-ZIP PORT ST. JOHN, FL 32927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BERTELLA, GUIDO J STREET ADDRESS 4200 VANCOUVER AVE. CITY-ST-ZIP COCOA FL 32926	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME HATHCOCK, MICHAEL M. 4.3 STREET ADDRESS 11 Lee St. 4.4 CITY-ST-ZIP Cocoa, FL 32926-2414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 *David A. Rowell* DATE 6/13/97 147 941 1233

CP2E037 (9/96)