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# FILED
# Jun 16, 1999 8:00 am
# Secretary of State
06-16-1999 90018 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # N49526

1. Corporation Name
BREVARD HOME EDUCATORS ASSOCIATION, INC.

597504 - 90012 - 46

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 39<br>SHARPES FL 32959<br>US | P O BOX 39<br>SHARPES FL 32959<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>06/23/1992 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3139030 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

ROWELL, GARY
1215 VASSAR LANE
COCOA FL 32922

**10. Name and Address of New Registered Agent**

81 Name: DAVID L. DUNN
82 Street Address (P.O. Box Number is Not Acceptable): 40 Ogden Dr.
83
84 City: Rockledge FL 85 Zip Code: 32955

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 L. Dunn Chairman DATE: 7-13-99
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 | ☐ DELETE | 1.1 TITLE | CD | ☑ Change ☐ Addition |
| NAME | ROWELL, GARY | | 1.2 NAME | DUNN, DAVID | |
| STREET ADDRESS | 1215 VASSER LANE | | 1.3 STREET ADDRESS | 40 OGDEN DR. | |
| CITY-ST-ZIP | COCOA FL | | 1.4 CITY-ST-ZIP | Rockledge, FL. 32955 | |
| TITLE | VCD | ☐ DELETE | 2.1 TITLE | William L. Barron VCD | ☑ Change ☐ Addition |
| NAME | DUNN, DAVID | | 2.2 NAME | | |
| STREET ADDRESS | 40 OGDEN DR | | 2.3 STREET ADDRESS | 1195 Two Oaks Blvd | |
| CITY-ST-ZIP | ROCKIEDG FL | | 2.4 CITY-ST-ZIP | Merritt Island, FL 32952 | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | SD | ☑ Change ☐ Addition |
| NAME | BERRY, TRACY | | 3.2 NAME | PENA, AYMEE' S. | |
| STREET ADDRESS | 7265 BARONET AVE | | 3.3 STREET ADDRESS | 1145 Ranchero Ave. | |
| CITY-ST-ZIP | PORT ST JOHN FL | | 3.4 CITY-ST-ZIP | Titusville, FL 32780 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | TD | ☑ Change ☐ Addition |
| NAME | HATHCOCK, MICHAEL M | | 4.2 NAME | Burger, Robert | |
| STREET ADDRESS | 11 LEE ST | | 4.3 STREET ADDRESS | 345 Bay Point Drive | |
| CITY-ST-ZIP | COCOA FL | | 4.4 CITY-ST-ZIP | Melbourne, FL 32935 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** David A. Dunn REQUIRED 6/8/99 (407) 452-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #