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Jan 24 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 # N50743 (6)

1. Corporation Name
BREVARD REACHING OUT, INC.



Principal Place of Business: 1 GANNETT PLAZA MELBOURNE FL 32940
Mailing Address: 1 GANNETT PLAZA MELBOURNE FL 32940

3. Date Incorporated or Qualified: 09/08/1992
3a. Date of Last Report: 02/21/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-3158416	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KIRSCHENBAUM, JACK A. GLASS BANK BLDG. 505 N. ORLANDO AVE. COCOA BEACH FL 32932				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	DP COLEMAN, MIKE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 GANNETT PLAZA	1.2 NAME	
STREET ADDRESS	MELBOURNE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV HARVILLE, KELLY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 GANNETT PLAZA	2.2 NAME	
STREET ADDRESS	MELBOURNE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS SHOOK, SONNA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 GANNETT PLAZA	3.2 NAME	
STREET ADDRESS	MELBOURNE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DT WILLIAMSON, JIM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 GANNETT PLAZA	4.2 NAME	
STREET ADDRESS	MELBOURNE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D CRANE, ANN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 GANNETT PLAZA	5.2 NAME	
STREET ADDRESS	MELBOURNE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PREISSER, DAVE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1 GANNETT PLAZA	6.2 NAME	PETE ZANMILLER
STREET ADDRESS	MELBOURNE FL	6.3 STREET ADDRESS	1 GANNETT PLAZA
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MELBOURNE, FL

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: *Jim Williamson* DATE: Jan 7, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JIM WILLIAMSON
Daytime Phone: 407-242-3500

CP2E037 (9/96)