


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-3158416	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**KIRSCHENBAUM, JACK A
 1800 W. HIBISCUS BLVD., STE. 138
 MELBOURNE FL 32902**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COLEMAN, MIKE	
STREET ADDRESS	1 GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HARVILLE, KELLY	
STREET ADDRESS	1 GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHOOK, SONNA	
STREET ADDRESS	1 GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, JIM	
STREET ADDRESS	1 GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRANE, ANN	
STREET ADDRESS	1 GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZANMILLER, PETE	
STREET ADDRESS	1 GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Greg Watson
2.3 STREET ADDRESS	1 Gannett Plaza
2.4 CITY-ST-ZIP	Melbourne, FL 32940
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Kuhn
4.3 STREET ADDRESS	1 Gannett Plaza
4.4 CITY-ST-ZIP	Melbourne, FL 32940
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gina Kaiser
5.3 STREET ADDRESS	1 Gannett Plaza
5.4 CITY-ST-ZIP	Melbourne, FL 32940
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* 4/18/98 407 242 3719

CR2E037 (10/97)