**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N50743

1. Corporation Name

BREVARD REACHING OUT, INC.

Principal	Place o	f Busine
1 GANNE	ETT PLA	ZA
MELBOU	RNE FL	32940

Mailing Address

1 GANNETT PLAZA MELBOURNE FL 32940

## FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90099 034 \*\*\*\*61.25

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2. Principal P	ace of Business 2a. Mailing Address		3. Date Incorporated or Qualifed				
21		26			09/08/1992		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Apr	lied For
22		27			59-3158416	Not	Applicable
City & State	9	City & State			5. Certificate of Status Desired	\$8.75 A	I
23	28			Fee Red			
Zip	Country	<b>—</b>	Zip Country		6. Election Campaign Financing \$5.00 May Be		
24	. 25	29 30	<u>)                                      </u>		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered A	1gent	
			"	Hallie			
		Street	reet Address (P.O. Box Number is Not Acceptable)				
1800 W. HIBICUS/BLVD;; STE. 138			83				
MELBOU	RNE FL 32902 55.4		03				
	75		84	City	FL	85 Zip C	ode
	A				, <u> </u>	abanaina ita	rogistored
office or r	egistered agent or both in the State	of Florida. Such change was auth	iorized by	the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	manging its i	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Florida	a Statutes		- · ·		
SIGNATURE							
40	Signature, typed or printed name of registered agen		13.	it signature r	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.	DP OFFICERS AN	ID DIRECTORS	1.1 TITLE		7,55,10,10,10,10,10,10	Change	Addition
TITLE	COLEMAN, MIKE	_ o	1.2 NAME			_ `	_
NAME	1 GANNETT PLAZA			ADDRESS			
STREET ADDRESS	MELBOUNE FL						
CITY-ST-ZIP	DVP	☐ DELETE	1.4 CITY-S' 2.1 TITLE	1 · ZIP		Change	Addition
TITLE	GREG WATSON	- Officia	2.2 NAME				
NAME	1 GANNETT PLAZA		2.3 STREET	r ADDOESS			
STREET ADDRESS	"MELBOUNE FL"32940		2.4 CITY-S	-	·		-
CITY-ST-ZIP	DS	☐ DELETE	3.1 TITLE	11-ZIP		Change	☐ Addition
TITLE	SHOOK, SONNA		3.2 NAME				_
NAME	1 GANNETT PLAZA		3.3 STREET	r ADDDESS			ł
STREET ADDRESS	MELBOUNE FL		3.4. CITY-S				
CITY-ST-ZIP	DT	DELETE	4.1 TITLE	11141	DT	Change	Addition
NAME	-ROBERT KUHN		4. 2 NAME		BRUCE KLINK IGANNET Plaza	-	•
STREET ADDRESS.	1 GANNETT PLAZA			ADDRESS	Gannett Plaza		
***************************************	MELBOUNE FL 32940		4.4 CITY-S		Melbourne FL 329	4D	ł
CITY-ST-ZIP TITLE	D	☐ DELETE	5.1 TITLE	· <del></del>	THE PERSON NAMED IN COLUMN TO PERSON NAMED I	☐ Change	☐ Addition
NAME	GINA KAISER		5.2 NAME				
STREET ADDRESS	1 GANNETT PLAZA		5.3 STREE	TADDRESS			ľ
	MELBOUNE FL 32940		5.4 CITY-S	T-ZIP			
CITY-ST-ZIP	D	☐ DELETE	6.1 TITLE			Change	☐ Addition
	PZANMILLER; PETE	<del></del>	6.2 NAME				
	1) GANNETT PLAZA		6.3 STREE	T ADDRESS			
	HELBOURNE FL		6.4 CITY-S	T-ZIP			
UIT-51-ZP					l		

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.

155 Ana K. Shook 4/26/99 **SIGNATURE**