FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000804 (6)

1. Corporation Name

BREVARD COUNTY INDEPENDENT PRIVATE SCHOOL SYSTEM , INC.

Principal Place of Business	Mailing Address
202 RIVER HEIGHTS DRIVE COCOA FL 32922	202 RIVER HEIGHTS DRIVE COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-3068891 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MCDERMOTT, DANIEL L. PA
1970 MICHIGAN AVE. BLDG. E
PO BOX 8248
COCOA FL 32924

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	AMSTADT, DOROTHY L	1.2 NAME		
STREET ADDRESS	202 RIVER HEIGHTS DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☐ Change XXX ☒ Addition
NAME	AMSTADT, CARL J	2.2 NAME	GRAHAM, ELIZABETH B.	
STREET ADDRESS	202 RIVER HEIGHTS DRIVE	2.3 STREET ADDRESS	988 WOODSMERE PKWY.	
CITY-ST-ZIP	COCOA FL 32922	2.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAVEZ, DEBORAH	3.2 NAME		
STREET ADDRESS	202 RIVER HEIGHTS DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CURRY, CHRISTOPHER C	4.2 NAME		
STREET ADDRESS	2096 OTTERBEIN AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	AMSTADT, DAVID	5.2 NAME		
STREET ADDRESS	5941 CEDAR LAKE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32927	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, KATHERINE E	6.2 NAME		
STREET ADDRESS	988 NICKLAUS DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dorothy L Amstadt — 2-22-95 — 407-632-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DOROTHY L. AMSTADT, PRESIDENT