

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**



3. Date Incorporated or Qualified  
**12/14/1992**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

*Ch # 220*

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | AMSTADT, DOROTHY L      |                                 |
| STREET ADDRESS | 202 RIVER HEIGHTS DRIVE |                                 |
| CITY-ST-ZIP    | COCOA FL 32922          |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | GRAHAM, ELIZABETH B.    |                                 |
| STREET ADDRESS | 988 WOODSMERE PKWY      |                                 |
| CITY-ST-ZIP    | ROCKLEDGE FL            |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | CHAVEZ, DEBORAH         |                                 |
| STREET ADDRESS | 202 RIVER HEIGHTS DRIVE |                                 |
| CITY-ST-ZIP    | COCOA FL 32922          |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | CURRY, CHRISTOPHER C    |                                 |
| STREET ADDRESS | 2096 OTTERBEIN AVENUE   |                                 |
| CITY-ST-ZIP    | COCOA FL 32922          |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | AMSTADT, DAVID          |                                 |
| STREET ADDRESS | 5941 CEDAR LAKE DRIVE   |                                 |
| CITY-ST-ZIP    | COCOA FL 32927          |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | TAYLOR, KATHERINE E     |                                 |
| STREET ADDRESS | 988 NICKLAUS DRIVE      |                                 |
| CITY-ST-ZIP    | ROCKLEDGE FL 32955      |                                 |

|                    |   |
|--------------------|---|
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 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 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)(k), 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*  
DOROTHY L. AMSTADT, PRESIDENT

2-5-96

Date

407-632-4480

Daytime Phone #

CR2E037 (12/95)