

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32922202 RIVER HEIGHTS DRIVE  
COCOA FL 32922-66323. Date Incorporated or Qualified  
12/14/19923a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 256*

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 of officer or principal 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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, ELIZABETH B.	
STREET ADDRESS	988 WOODSMERE PKWY	
CITY - ST - ZIP	ROCKLEDGE FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAVEZ, DEBORAH	
STREET ADDRESS	202 RIVER HEIGHTS DRIVE	
CITY - ST - ZIP	COCOA FL 32922	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRY, CHRISTOPHER C	
STREET ADDRESS	2096 OTTERBEIN AVENUE	
CITY - ST - ZIP	COCOA FL 32922	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMSTADT, DAVID	
STREET ADDRESS	5941 CEDAR LAKE DRIVE	
CITY - ST - ZIP	COCOA FL 32927	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, KATHERINE E	
STREET ADDRESS	988 NICKLAUS DRIVE	
CITY - ST - ZIP	ROCKLEDGE FL 32955	

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 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*

29 JAN 1997

407-632-4480

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0019000

CR2E037 (9/96)