


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # N92000000804 (6) 1. Corporation Name BREVARD COUNTY INDEPENDENT PRIVATE SCHOOL SYSTEM, INC.			
Principal Place of Business 202 RIVER HEIGHTS DRIVE COCOA FL 32922		Mailing Address 202 RIVER HEIGHTS DRIVE COCOA FL 32922	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MCDERMOTT, DANIEL L. PA 1970 MICHIGAN AVE. BLDG. E PO BOX 8248 COCOA FL 32924 <i>CP# 299</i>			
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 FL			
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	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		
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	<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 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, L.D.*

22 JANUARY 1998 (407) 632-4480

CR2E037 (10/97)