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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N92000000804**

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/14/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3068891	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		30		Country	

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~~

81 Name **DIANE S. GUTHRIE**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**25 McLeod Street**  
 83 **PO Box 541323**  
 84 City **Merritt Island**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement of change of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*  
 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	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME	<b>AMSTADT, DOROTHY L</b>	1.2 NAME	
STREET ADDRESS	<b>202 RIVER HEIGHTS DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>GRAHAM, ELIZABETH B.</b>	2.2 NAME	
STREET ADDRESS	<b>988 WOODSMERE PKWY.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>CHAVEZ, DEBORAH</b>	3.2 NAME	
STREET ADDRESS	<b>202 RIVER HEIGHTS DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>CURRY, CHRISTOPHER C</b>	4.2 NAME	
STREET ADDRESS	<b>2096 OTTERBEIN AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32922</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>AMSTADT, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>5941 CEDAR LAKE DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA FL 32927</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>TAYLOR, KATHERINE E</b>	6.2 NAME	
STREET ADDRESS	<b>988 NICKLAUS DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	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), Flor indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as that of an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Fla Stat, Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **9 Feb**

263 18 203 712 000445 10 11 0401

1000 South US 1, Rockledge, Florida 32955



*[Handwritten notes and signatures]*  
 Department of State  
 \$ 61.25  
 9 Feb 99  
 401

988 WOODSMERE PKWY, 636-2754  
 ROCKLEDGE, FL 32955