

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000804

FILED
Jan 03, 2006
Secretary of State

Entity Name: BREVARD COUNTY INDEPENDENT PRIVATE SCHOOL SYSTEM, INC.

Current Principal Place of Business:

988 WOODMERE PKWY.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

988 WOODMERE PKWY.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3068891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTHRIE, DIANE S
25 MCLEOD ST
PO BOX 541323
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAHAM, HENRY F
Address: 988 WOODMERE PKWY.
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: GRAHAM, ELIZABETH B.
Address: 988 WOODSMERE PKWY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: CHAVEZ, DEBORAH
Address: 202 RIVER HEIGHTS DRIVE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: CURRY, CHRISTOPHER C
Address: 2096 OTTERBEIN AVENUE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: AMSTADT, DAVID
Address: 5941 CEDAR LAKE DRIVE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: BURCH, WARREN S
Address: 3685 LONGBOW RD.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY F. GRAHAM

TREA

01/03/2006

Electronic Signature of Signing Officer or Director

Date