

**- 2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90023 016 ****61.25

DOCUMENT # N92000000804

1. Entity Name

**BREVARD COUNTY INDEPENDENT PRIVATE SCHOOL
SYSTEM, INC.**



Principal Place of Business

**988 WOODMERE PKWY.
ROCKLEDGE FL 32955**

Mailing Address

**988 WOODMERE PKWY.
ROCKLEDGE FL 32955**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3068891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D GRAHAM, HENRY F 988 WOODMERE PKWY. ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D GRAHAM, ELIZABETH B. 988 WOODSMERE PKWY ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHAVEZ, DEBORAH 202 RIVER HEIGHTS DRIVE COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D CURRY, CHRISTOPHER C 2096 OTTERBEIN AVENUE COCOA FL 32922	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D AMSTADT, DAVID 5941 CEDAR LAKE DRIVE COCOA FL 32927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D BURCH, WARREN S 3685 LONGBOW RD. COCOA FL 32926	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

H. F. Graham **H. F. Graham**

1-26-07

321-636-2754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #