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Feb 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001139 (5)

1. Corporation Name

THE AFRAM ASSOCIATION OF BREVARD, INC.



Principal Place of Business

Mailing Address

P.O. BOX 061746
PALM BAY FL 32908-1746

P.O. BOX 061746
PALM BAY FL 32908-1746

3. Date Incorporated or Qualified
03/01/1993

3a. Date of Last Report
07/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-3193967

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARE, GLORIA
1325 BACA AVE. NW
PALM BAY FL 32907

81 Name GLORIA WARE
82 Street Address (P.O. Box Number is Not Acceptable)
470 CLUB TRAIL NO. 5

83

84 City Melbourne FL 85 Zip Code 32901

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 typed or printed name 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 PD
NAME WARE, GLORIA
STREET ADDRESS 1325 BACA AVE NW
CITY-ST-ZIP PALM BAY FL 32907

1.1 TITLE PD
1.2 NAME WARE, GLORIA
1.3 STREET ADDRESS 470 CLUB TRAIL NO. 5
1.4 CITY-ST-ZIP Melbourne FL 32901

TITLE DV
NAME MOBLEY, E
STREET ADDRESS 1802 AIRPORT BLVD
CITY-ST-ZIP MELBOURNE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME CARVER, THERESSIA
STREET ADDRESS 2099 PARADISE CT. NE
CITY-ST-ZIP PALM BAY FL 32905

3.1 TITLE DT
3.2 NAME CARVER, THERESSIA
3.3 STREET ADDRESS 2025 KIRKLAND RD NE
3.4 CITY-ST-ZIP PALM BAY, FL 32905

TITLE D
NAME MCMILLON, CHERYL
STREET ADDRESS 1245 PALM BAY RD NE #F201
CITY-ST-ZIP PALM BAY FL 32905

4.1 TITLE D
4.2 NAME MCMILLON, CHERYL
4.3 STREET ADDRESS 1667 GLENDOVE AVE NW
4.4 CITY-ST-ZIP PALM BAY, FL 32907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0018798

CR2E037 (9/96)