FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005192 (0)**

1. Corporation Name

BREVARD COUNTY ALLIANCE OF THE SOUTHEASTERN CONS ORTIUM FOR MINORITIES IN ENGINEERING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 540867 MERRITT ISLAND FL 32954-0867	P.O. BOX 540867 MERRITT ISLAND FL 32954-0867

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1993
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3224392 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MORRELL, JOSEPH
501 N. MAGNOLIA AVE.
SUITE C
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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 TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director	☒ Change ☐ Addition
NAME	HORSEY, PAUL	12 NAME	Thompson, Robert	
STREET ADDRESS	P.O. BOX 321399 N/A	13 STREET ADDRESS	8600 Astronaut Blvd.	
CITY-ST-ZIP	COCOA BEACH FL 32932-1399	14 CITY-ST-ZIP	Cape Canaveral, FL 32920	
TITLE	D	21 TITLE	Director	☒ Change ☐ Addition
NAME	JAMES, FRANCES	22 NAME	Croom, Angela	
STREET ADDRESS	P.O. BOX 320999 N/A	23 STREET ADDRESS	P. O. Box 21233 N/A	
CITY-ST-ZIP	COCOA BEACH FL 32932-0999	24 CITY-ST-ZIP	Kennedy Space Center, FL 32815	
TITLE	D	31 TITLE	Director	☒ Change ☐ Addition
NAME	CROOM, ANGELA	32 NAME	Preece, Betty	
STREET ADDRESS	P.O. BOX 21233 N/A	33 STREET ADDRESS	615 N. Riverside Drive	
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32815	34 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	D	41 TITLE	Director	☐ Change ☐ Addition
NAME	DAVIS, GINGER	42 NAME	Wilson, Alberta	
STREET ADDRESS	2700 ST. JOHNS ST.	43 STREET ADDRESS	O&C Bldg., Room 1136, ROC-1 N/A	
CITY-ST-ZIP	MELBOURNE FL 32940	44 CITY-ST-ZIP	Kennedy Space Center, FL 32899	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WILSON, HAROLD	52 NAME		
STREET ADDRESS	1100 LOCKHEED WAY	53 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WILSON, ALBERTA	62 NAME		
STREET ADDRESS	O&C BLDG., ROOM 1136, ROC-1	63 STREET ADDRESS		
CITY-ST-ZIP	KENNEDY SPACE CENTER FL 32899	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert Thompson — Robert Thompson — March 15, 1995 — 407/799-6896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #