

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005192 (0)

1. Corporation Name

**BREVARD COUNTY ALLIANCE OF THE SOUTHEASTERN CON-
ORTIUM FOR MINORITIES IN ENGINEERING, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 540667
MERRITT ISLAND FL 32954-0667

P.O. BOX 540667
MERRITT ISLAND FL 32954-0667

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

3. Date Incorporated or Qualified

11/12/1993

3a. Date of Last Report

04/24/1995

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**

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

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

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 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 D ☐ DELETE
NAME THOMPSON, ROBERT
STREET ADDRESS 8600 ASTRONAUT BLVD.
CITY-ST-ZIP CAPE CARAVERAL FL

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Angela D. Croom
1.3 STREET ADDRESS P. O. Box 21233
1.4 CITY-ST-ZIP Kennedy Space Center, FL 32815

TITLE D ☐ DELETE
NAME CROOM, ANGELA
STREET ADDRESS P.O. BOX 21233
CITY-ST-ZIP KENNEDY SPACE CENTER FL

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Harold Wilson
2.3 STREET ADDRESS 1100 Lockheed Way
2.4 CITY-ST-ZIP Titusville, FL 32780

TITLE D ☐ DELETE
NAME PREECE, BETTY
STREET ADDRESS 615 N. RIVERSIDE DRIVE
CITY-ST-ZIP INDIALANTIC FL

3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME Holly White
3.3 STREET ADDRESS INT-9
3.4 CITY-ST-ZIP Kennedy Space Center, FL 32899

TITLE D ☐ DELETE
NAME WILSON, ALBERTA
STREET ADDRESS O & C BLDG., ROOM 1136, ROC-1
CITY-ST-ZIP KENNEDY SPACE CENTER FL

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Alberta Wilson
4.3 STREET ADDRESS O&C Building, Room 1136, ROC-1
4.4 CITY-ST-ZIP Kennedy Space Center, FL 32899

TITLE D ☐ DELETE
NAME WILSON, HAROLD
STREET ADDRESS 1100 LOCKHEED WAY
CITY-ST-ZIP TITUSVILLE FL 32780

5.1 TITLE Director ☒ Change ☐ Addition
5.2 NAME Robert Thompson
5.3 STREET ADDRESS 8600 Astronaut Blvd.
5.4 CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE D ☐ DELETE
NAME WILSON, ALBERTA
STREET ADDRESS O&C BLDG., ROOM 1136, ROC-1
CITY-ST-ZIP KENNEDY SPACE CENTER FL 32899

6.1 TITLE Director ☒ Change ☐ Addition
6.2 NAME Ron Hutt
6.3 STREET ADDRESS 1025 West Nasa Boulevard
6.4 CITY-ST-ZIP Melbourne, FL 32919

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)(k), 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: Angela D. Croom Angela D. Croom 2/8/96 (407) 383-2806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)