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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 540667
MERRITT ISLAND FL 32954-0667

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 02/16/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3224392	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ROBERT	1.2 NAME	
STREET ADDRESS	8600 ASTRONAUT BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CARAVERAL FL	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOM, ANGELA	2.2 NAME	HUTT, RONALD
STREET ADDRESS	P.O. BOX 21233	2.3 STREET ADDRESS	1025 W. NASA BLVD.
CITY - ST - ZIP	KENNEDY SPACE CENTER FL	2.4 CITY - ST - ZIP	MELBOURNE, FL 32919
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREECE, BETTY	3.2 NAME	
STREET ADDRESS	615 N. RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ALBERTA	4.2 NAME	WISE, MARY
STREET ADDRESS	O & C BLDG., ROOM 1136, ROC-1	4.3 STREET ADDRESS	8600 ASTRONAUT BLVD.
CITY - ST - ZIP	KENNEDY SPACE CENTER FL	4.4 CITY - ST - ZIP	CAPE CANAVERAL, FL 32920
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, HAROLD	5.2 NAME	WORLAND, SUZANNE
STREET ADDRESS	1100 LOCKHEED WAY	5.3 STREET ADDRESS	8600 ASTRONAUT BLVD.
CITY - ST - ZIP	TITUSVILLE FL 32780	5.4 CITY - ST - ZIP	CAPE CANAVERAL, FL 32920
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ALBERTA	6.2 NAME	
STREET ADDRESS	O&C BLDG., ROOM 1136, ROC-1	6.3 STREET ADDRESS	
CITY - ST - ZIP	KENNEDY SPACE CENTER FL 32899	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:

SUZANNE M. WORLAND

03-17-97

(407) 799-6873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020182

CR2E037 (9/96)