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Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005192 (0)**

1. Corporation Name

**BREVARD COUNTY ALLIANCE OF THE SOUTHEASTERN CONSUMERS UNION FOR MINORITIES IN ENGINEERING, INC.**

Principal Place of Business

Mailing Address

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

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MERRITT ISLAND FL 32954-0667

3. Date Incorporated or Qualified

**11/12/1993**

4. FEI Number

**59-3224392**

Applied For

Not Applicable

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

30

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 CANAVERAL FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **HUTT, RONALD**  
STREET ADDRESS **1025 W NASA BLVD**  
CITY-ST-ZIP **MELBOURNE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **PREECE, BETTY**  
STREET ADDRESS **615 N. RIVERSIDE DRIVE**  
CITY-ST-ZIP **INDIALANTIC FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **WISE, MARY**  
STREET ADDRESS **8600 ASTRONAUT BLVD**  
CITY-ST-ZIP **CAPE CANAVERAL FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **WORLAND, SUZANNE**  
STREET ADDRESS **8600 ASTRONAUT BLVD**  
CITY-ST-ZIP **CAPE CANAVERAL FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

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

2.2 NAME ☐ Change ☐ Addition

14. I 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 Worland*  
Suzanne Worland

**1-21-98**

CR2E037 (10/97)