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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003610

1. Corporation Name

BREVARD ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION COUNCIL, INC.

Principal Place of Business

3695 LAKE DR
COCOA FL 32926
US

Mailing Address

3695 LAKE DR
COCOA FL 32926
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/14/1994

4. FEI Number

59-3251791

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVEJOY, LINDA J Whitworth, Gayle
BREVARD COOPERATIVE EXTENSION SERVICE
3695 LAKE DR.
COCOA FL 32926

81 Name

Whitworth, Gayle

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

Gayle O. Whitworth

Gayle O. Whitworth

Jan. 12, 1999

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 DS ☐ DELETE
NAME STERN, HELMA
STREET ADDRESS 110 FRUMENTI PL
CITY-ST-ZIP ROCKLEDGE FL 32955

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☒ DELETE
NAME BARBOUR, IRIS
STREET ADDRESS 738 LUND CIR
CITY-ST-ZIP MELBOURNE FL 32901

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Kitchen, Callie DV
2.3 STREET ADDRESS 608 Roberts St
2.4 CITY-ST-ZIP Melbourne, FL 32901

TITLE DP ☐ DELETE
NAME O'HARA, NANCY
STREET ADDRESS 1309 RILA STREET S.E.
CITY-ST-ZIP PALM BAY FL 32909

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME PENNINGTON, PAULA
STREET ADDRESS 630 TORTOISE WAY
CITY-ST-ZIP SATELLITE BCH FL 32937

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature Required

1.13.99

409.777.1970

Date

Daytime Phone #

CR2E037 (11/98)