

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003610

FILED  
May 19, 2007  
Secretary of State

**Entity Name:** BREVARD ASSOCIATION FOR HOME AND COMMUNITY EDUCATION COUNCIL, INC.

**Current Principal Place of Business:**

3695 LAKE DR  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

3695 LAKE DR  
COCOA, FL 32926 US

**New Mailing Address:**

**FEI Number:** 59-3251791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHEPARD, ELIZABETH C  
BREVARD COOPERATIVE EXTENSION SERVICE  
3695 LAKE DR.  
COCOA, FL 32926 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS ( ) Delete  
Name: ANDERSON, MARION  
Address: 671 JAVA ROAD  
City-St-Zip: COCOA BEACH, FL 32931

Title: P ( ) Delete  
Name: WOLFORD, DONNA  
Address: 2605 OAKHAVEN ST. NE  
City-St-Zip: PALM BAY, FL 32905

Title: DV ( ) Delete  
Name: KLEIN, PAT  
Address: 2611 MOTT CREEK  
City-St-Zip: MELBOURNE, FL 32935

Title: DT ( ) Delete  
Name: PARK, NANCY  
Address: 1545 HOLLY AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: CRAWFORD, JALENE  
Address: 759 COTTBUS AVENUE NW  
City-St-Zip: PALM BAY, FL 32905

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY PARK

TREA

05/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date