

DOCUMENT # N95000003492

1. Entity Name

BREVARD COUNTY BAR ASSOCIATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

1149 LAKE DRIVE
SUITE 100
COCOA FL 329221149 LAKE DRIVE
SUITE 100
COCOA FL 32922-6683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2244869

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LOACH, GINA
1149 LAKE DR #100
COCOA FL 32922

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/2000
DATEFILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRIS, JOHN M	
STREET ADDRESS	1820 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE FL 32796	

TITLE	P - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KLAYMAN, GRETCHEN	
STREET ADDRESS	6350 N. WICKHAM RD., STE. 8	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	T - Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott D. Krasny	
STREET ADDRESS	304 S. Harbor City Blvd, Ste 201	
CITY-ST-ZIP	Melbourne, FL 32902	

TITLE	TD	<input type="checkbox"/> Delete
NAME	REINMAN, MORGAN LAUR	
STREET ADDRESS	395 S. PLUMOSA ST., STE. D	
CITY-ST-ZIP	MERRIT ISLAND FL 32954	

TITLE	S - Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	CROOKS, KENNETH C	
STREET ADDRESS	7380 MURRELL RD., STE 100	
CITY-ST-ZIP	MELBOURNE FL 32940	

TITLE	V = Vice President President Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00 (321) 617-9005

FILED
May 22, 2000 8:00 am
Secretary of State

01-19-2000 90123 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)