

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Mar 06 1997 8:00am
Secretary of State**DOCUMENT # N96000001786 (0)**

1. Corporation Name

BREVARD COUNTY CLAIMS ASSOCIATION, INC.

Principal Place of Business

**1314 WOODINGHAM DR
ROCKLEDGE FL 32955**

Mailing Address

**1314 WOODINGHAM DR
ROCKLEDGE FL 32955-2633**3. Date Incorporated or Qualified
04/02/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

4. FEI Number

59-3374318

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BOHNE, KARL W JR
121-123 5TH AVE
INDIALANTIC FL 32951**

10. Name and Address of New Registered Agent

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

TITLE **DP** ☐ DELETE
NAME **ZINKOVICH, PATRICK**
STREET ADDRESS **1314 WOODINGHAM DR**
CITY - ST - ZIP **ROCKLEDGE FL 32955**TITLE **DS** ☐ DELETE
NAME **KRUPA, FRANK**
STREET ADDRESS **1405 S HARBOR DR**
CITY - ST - ZIP **MERRITT ISLAND FL 32952**TITLE **DV** ☒ DELETE
NAME **CORMAN, GREG**
STREET ADDRESS **1359 LERICI ST NE**
CITY - ST - ZIP **PALM BAY FL 32907**TITLE **D** ☒ DELETE
NAME **FREED, ANN**
STREET ADDRESS **985 LISA DR**
CITY - ST - ZIP **TITUSVILLE FL 32781**TITLE **T** ☐ DELETE
NAME **OGLE, TERESA**
STREET ADDRESS **1314 WOODINGHAM DR**
CITY - ST - ZIP **ROCKLEDGE FL 32955**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **DV**
3.3 STREET ADDRESS **Robert Plante**
3.4 CITY - ST - ZIP **1600 Sarno Rd. Suite 113**
Melbourne, Florida 329354.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Patrick Zinkovich DP 3-3-97 407-752-6269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020256

CR2E037 (9/96)