

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90007 050 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N96000003112**

1. Corporation Name

**BREVARD TOGETHER, INC.**

Principal Place of Business

2105 OAK STREET  
MELBOURNE FL 32901

Mailing Address

P.O. BOX 2082  
MELBOURNE FL 32902



2. Principal Place of Business

21 209 E. Melbourne Ave.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/10/1996

22 Suite, Apt. #, etc.

4. FEI Number

59-3383284

Applied For

Not Applicable

23 City & State

Melbourne, FL

27 City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

24 Zip

32901

25 Country

29 Zip

30 Country

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

PORSI, DAN

2105 OAK STREET

MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

Rodney Bowers

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

209 E. Melbourne Ave.

83

84 City

Melbourne

FL

85 Zip Code

32901

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 Rodney Bowers Rodney Bowers, Chair

2/8/99

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 CD  
NAME PORSI, DAN  
STREET ADDRESS 2105 OAK ST  
CITY-ST-ZIP MELBOURNE FL

DELETE

TITLE VD  
NAME BOWERS, RODNEY  
STREET ADDRESS 209 E MELBOURNE AVE  
CITY-ST-ZIP MELBOURNE FL

DELETE

TITLE SD  
NAME TRACY, JACK  
STREET ADDRESS 2105 OAK ST  
CITY-ST-ZIP MELBOURNE FL 32901

DELETE

TITLE TD  
NAME RODRIQUEZ, RENE  
STREET ADDRESS 440 AUDUBON DR  
CITY-ST-ZIP MELBOURNE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D  
1.2 NAME Rodney Bowers  
1.3 STREET ADDRESS 209 E. Melbourne Ave.  
1.4 CITY-ST-ZIP Melbourne, FL 32901-5974

Change Addition

2.1 TITLE V/D  
2.2 NAME Rene Rodriguez  
2.3 STREET ADDRESS 440 Audubon Dr.  
2.4 CITY-ST-ZIP Melbourne, FL 32901

Change Addition

3.1 TITLE T/D  
3.2 NAME Arthur Reisfeld  
3.3 STREET ADDRESS 803 S. Babcock St.  
3.4 CITY-ST-ZIP Melbourne, FL 32901

Change Addition

4.1 TITLE S/D  
4.2 NAME Jack Tracy, III  
4.3 STREET ADDRESS 229 Ellwood Ave.  
4.4 CITY-ST-ZIP Satellite Beach, FL 32937

Change Addition

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

Change Addition

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

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, with all other like empowered.

SIGNATURE:

Rodney Bowers Rodney Bowers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

407-674-7110

Date

Daytime Phone #

CR2E037 (1/1/98)