


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000004994 (7)
1. Corporation Name

THE BREVARD NEIGHBORHOOD COALITION, INC.



Principal Place of Business 1619 FERNDAL AVENUE MELBOURNE FL 32935	Mailing Address 1619 FERNDAL AVENUE MELBOURNE FL 32935-5330
--	---

2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 361104		3. Date Incorporated or Qualified 09/26/1996	3a. Date of Last Report
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28 Melbourne, FL		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29 32936-1104	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MINOT, MICHAEL S 319 RIVEREDGE BOULEVARD SUITE 218 COCOA FL 32922		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINOT, MICHAEL S		1.2 NAME Smoak, Jonathan	
STREET ADDRESS 319 RIVEREDGE BLVD, STE 218		1.3 STREET ADDRESS 1619 Ferndale Ave	
CITY-ST-ZIP COCOA FL 32922		1.4 CITY-ST-ZIP Melbourne, FL 32935	
TITLE VSTD	<input type="checkbox"/> DELETE	2.1 TITLE VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMOAK, JONATHAN		2.2 NAME Minot, Michael S.	
STREET ADDRESS 1619 FERNDAL AVENUE		2.3 STREET ADDRESS 319 Riveredge Blvd., STE 218	
CITY-ST-ZIP MELBOURNE FL 32935		2.4 CITY-ST-ZIP Cocoa, FL 32922	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, EDNA		3.2 NAME Edna JACKSON	
STREET ADDRESS 808 EAST LINE STREET		3.3 STREET ADDRESS 808 EAST LINE STREET	
CITY-ST-ZIP MELBOURNE FL 32901		3.4 CITY-ST-ZIP Melbourne, FL 32901	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAD Smith		4.2 NAME BRAD Smith	
STREET ADDRESS 1567 Masters Rd. NW		4.3 STREET ADDRESS 1567 Masters Rd. NW	
CITY-ST-ZIP PALM BAY, FL 32907		4.4 CITY-ST-ZIP PALM BAY, FL 32907	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Eric Pantan		5.2 NAME Eric Pantan	
STREET ADDRESS 680 N. Courtenay Parkway		5.3 STREET ADDRESS 680 N. Courtenay Parkway	
CITY-ST-ZIP Merritt Island, FL 32953		5.4 CITY-ST-ZIP Merritt Island, FL 32953	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dee Johnson		6.2 NAME Dee Johnson	
STREET ADDRESS 501 Buckingham Ave.		6.3 STREET ADDRESS 501 Buckingham Ave.	
CITY-ST-ZIP Melbourne, FL 32935		6.4 CITY-ST-ZIP Melbourne, FL 32935	

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.

CR2E037 (9/96)