

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90078 042 \*\*\*\*61.25

**DOCUMENT # N99000000594**

1. Entity Name

BREVARD INNOVATIVE CHARTER SCHOOLS, INC.



Principal Place of Business

1301 ARMSTRONG DRIVE  
TITUSVILLE, FL 32780

Mailing Address

1301 ARMSTRONG DRIVE  
TITUSVILLE, FL 32780



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3578466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EVANS, JOHN H  
1702 S. WASHINGTON AVE  
TITUSVILLE, FL 32780

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CB  
BOYER, GARY  
1301 ARMSTRONG DR  
TITUSVILLE, FL 32754

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
WARD, KEN  
2749 HILLCREST AVE  
TITUSVILLE, FL 32780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GAENICKE, SCOTT  
827 TRAILWOOD AVE  
TITUSVILLE, FL 32796

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*GARY P. BOYER* GARY P. BOYER 1-17-07 264-9991