

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000032980

1. Entity Name
BREVARD LEGAL ARTS CENTER, INC.



Principal Place of Business
1980 MICHIGAN AVE
COCOA, FL 32922 US

Mailing Address
1980 MICHIGAN AVE
COCOA, FL 32922 US



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3243696

5. Certificate of Status Desired ☐ \$8.75 Add'l
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOTANE, TROY R
1980 MICHIGAN AVE
COCOA, FL 32922

**DO NOT WRITE
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 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)

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000644293
03/02/07-80036-021

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

OFFICERS AND DIRECTORS

10.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTANE, TROY R 1980 MICHIGAN AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWER, JOHN 200 BREVARD AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWER, NANCY 200 BREVARD AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANCE, LA 1980 MICHIGAN AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WF
IN THIS SP**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and that my signature shall have the same legal effect as if indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; as changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR