

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714075

Entity Name: BREVARD ACHIEVEMENT CENTER, INC.**Current Principal Place of Business:**1845 COGSWELL STREET
ROCKLEDGE, FL 32955**Current Mailing Address:**1845 COGSWELL STREET
ROCKLEDGE, FL 32955**FEI Number:** 59-1203280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROGERS, RYAN R
1845 COGSWELL ST
ROCKLEDGE, FL 32955 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	PAYNE, DIANE E
Address	1845 COGSWELL ST.
City-State-Zip:	ROCKLEDGE FL 32955

Title	CFO
Name	ROGERS, RYAN R
Address	1845 COGSWELL STREET
City-State-Zip:	ROCKLEDGE FL 32955

Title	CEO
Name	PATEL, AMAR
Address	1845 COGSWELL ST.
City-State-Zip:	ROCKLEDGE FL 32955

Title	CHAIRMAN
Name	TRETTIS, BLAISE
Address	1845 COGSWELL ST.
City-State-Zip:	ROCKLEDGE FL 32955

Title	TREASURER
Name	ROGERO, MICHAEL
Address	1845 COGSWELL ST
City-State-Zip:	ROCKLEDGE FL 32955

Title	VC
Name	BROWN, ELLEN
Address	1845 COGSWELL ST
City-State-Zip:	ROCKLEDGE FL 32955

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RYAN ROGERS**CFO****01/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date