

2015 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	DIRECTOR
Name	PROCTOR, TRAVIS
Address	2813 SONOMA WAY
City-State-Zip:	ROCKLEDGE FL 32955

Title	CHAIRMAN
Name	KENYON, STEVE
Address	275 PECKHAM STREET NE
City-State-Zip:	PALM BAY FL 32907

Title	DIRECTOR
Name	MILLER, MICHAEL
Address	5465 SAND LAKE RD.
City-State-Zip:	MELBOURNE FL 32934

Title	VCD
Name	PAYNE, DIANE E
Address	321 DORSET DRIVE
City-State-Zip:	COCOA BEACH FL 32931

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

Title	D
Name	THRON, ROSE
Address	1360 SATAU RD, SUITE D
City-State-Zip:	MELBOURNE FL 32935

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 R. ROGERS**VP & CFO****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date