

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H81638 (9)**

1. Corporation Name
BREVARD LEARNING CLINIC, INC.



Principal Place of Business: **700 S. BABCOCK ST., SUITE 400 % PATRICK F. HEALY, PO BOX 2523 MELBOURNE FL 32901-1472**
Mailing Address: **700 S. BABCOCK ST., SUITE 400 % PATRICK F. HEALY, PO BOX 2523 MELBOURNE FL 32901-1472**

3. Date Incorporated or Qualified: **10/21/1985** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2611041** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**HEALY, PATRICK F.
700 S BABCOCK ST., SUITE 400
MELBOURNE FL 32902-9523**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of registration

(401) Registered Agent Signature (registered with company)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	JEFFERS, BARBARA C.	
STREET ADDRESS	353 DAYTON BLVD.	
CITY-ST-ZIP	MELBOURNE VILLAGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JEFFERS, JOHN H.	
STREET ADDRESS	353 DAYTON BLVD.	
CITY-ST-ZIP	MELBOURNE VILLAGE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JEFFERS, DAVID	
STREET ADDRESS	433 PONUS RIDGE RD.	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JEFFERS, JEN	
STREET ADDRESS	603A S. MATANSAS	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara C. Jeffers, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara C. Jeffers 4/1/96 407 676 3024
DATE: 4/1/96
Digital Phrase: 407 676 3024

CR2E034 (12/95)