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FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 04/08/1996
4. FEI Number 59-2611041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent HEALY, PATRICK F. 700 S BABCOCK ST., SUITE 400 MELBOURNE FL 32902-0523	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERS, BARBARA C.	1.2 NAME	
STREET ADDRESS	353 DAYTON BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE VILLAGE FL	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERS, JOHN H.	2.2 NAME	
STREET ADDRESS	353 DAYTON BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE VILLAGE FL	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERS, DAVID	3.2 NAME	
STREET ADDRESS	433 PONUS RIDGE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW CANAAN CT	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERS, JEN	4.2 NAME	
STREET ADDRESS	603A S. MATANSAS	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date: 4/15/97 Daytime Phone #: 407 676 3024

CR2E034 (9/96)