


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90097 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H81638

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1985		4. FEI Number 59-2611041		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	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
22 City & State	27 City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip Country	28 Zip Country			
24	25	29	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	85 Zip Code FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFERS, DAVID		3.2 NAME	VP David Jeffers	
STREET ADDRESS	433 PONUS RIDGE RD.		3.3 STREET ADDRESS	PO. 9B	
CITY-ST-ZIP	NEW CANAAN CT.		3.4 CITY-ST-ZIP	Ossipee N.H.	
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 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, with all other like empowered.

SIGNATURE: *Barbara C. Jeffers* **SIGNATURE REQUIRED** 4/13/99 407-676-3024
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)