## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710274**

FILED Mar 23, 2005 Secretary of State

Entity Name: BREVARD SYMPHONY ORCHESTRA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1500 HIGHLAND AVENUE PO BOX 361965 MELBOURNE, FL 329361965 **Current Mailing Address: New Mailing Address:** 1500 HIGHLAND AVENUE PO BOX 361965 MELBOURNE, FL 329361965 FEI Number: 59-1149727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAHAM, JAMES 320 FORTENBERRY RD MERRITT ISLAND, FL 32952 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DELISLE, FRAN S EX. DIR Name: Name: PO BOX 361965 Address: Address: City-St-Zip: MELBOURNE, FL 32936 City-St-Zip: Title: ED Title: VC (X) Change ( ) Addition ( ) Delete DELISLE, FRAN S EX. DIR Name: CHANDLER, JACK VC Name: Address: PO BOX 361965 Address: PO BOX 560676 City-St-Zip: MELBOURNE, FL 32936 City-St-Zip: ROCKLEDGE, FL 32956 Title: () Delete Title: (X) Change ( ) Addition MOLITOR, JUDY CLAYBORNE, YVONNE Name: Name: 1171 INDIAN RIVER DR Address: Address: 7351 OFFICE PARK PL, SUITE A City-St-Zip: COCOA, FL City-St-Zip: MELBOURNE, FL 32940 Title: ( ) Delete Title: (X) Change ( ) Addition Name: DUGAN, SHERRIE Name: MCALPINE, CHRISTOPHER 3250 CONCOURS ST 951 N. WASHINGTON AVE Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: TITUSVILLE, FL 32796 Title: () Delete Title: () Change () Addition CAVANAUGH, JIM Name: Name: 509 E. NASA BLVD Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRAN S. DELISLE ED 03/23/2005