

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741921 (1)
1. Corporation Name
BREVARD MUSEUM OF ART AND SCIENCE, INC.

FILED
Apr 18, 1996 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
1463 HIGHLAND AVE
PO BOX 360835
MELBOURNE FL 32936-7835

3. Date Incorporated or Qualified **03/08/1978** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1804524** 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

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

9. Name and Address of Current Registered Agent
-- HAYES, RANDALL A --
-- 4600 WILLOW BEND --
-- MELBOURNE FL 32935 --

10. Name and Address of New Registered Agent
81. Name **Carole Gatto**
82. Street Address (P.O. Box Number is Not Acceptable) **13 Windjammer Point**
83.
84. City **Merritt Island FL** 85. Zip Code **32952**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Carole M. Gatto* **04/01/96**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, EMILY	1.2 NAME	Mullins, James
STREET ADDRESS	307 NEW HAVEN AVE, SUITE 1	1.3 STREET ADDRESS	1350 S. Hickory Street
CITY-ST-ZIP	MELBOURNE FL 32902	1.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERSON, JOANNE	2.2 NAME	Wenbert, Bettyann
STREET ADDRESS	650 ROSSMOOR CIRCLE	2.3 STREET ADDRESS	617 Auburn Avenue
CITY-ST-ZIP	MELBOURNE FL 32940	2.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	VT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRIG, JOHN	3.2 NAME	Dwight, Tim
STREET ADDRESS	7390 MURRELL ROAD, #201	3.3 STREET ADDRESS	1950 S. Academy Drive
CITY-ST-ZIP	VIERA FL 32940	3.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEED, EDWARD	4.2 NAME	Ehrig, John
STREET ADDRESS	175 E. NASA BLVD. #201	4.3 STREET ADDRESS	7390 Murrell Road, #201
CITY-ST-ZIP	MELBOURNE FL 32901	4.4 CITY-ST-ZIP	Viera, FL 32940
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	200001786662
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-04/19/96--01015--002
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***70.00 <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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *James H. Mullins* **04/01/96** **407/676-7171**
Signature and typed or printed name of signing officer or director Date Daytime Phone #
James H. Mullins

CR2E037 (12/95)

ACB
4-18-96