

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741921** (1)
1. Corporation Name

BREVARD MUSEUM OF ART AND SCIENCE, INC.

Principal Place of Business 1463 HIGHLAND AVE PO BOX 360835 MELBOURNE FL 32936-7835	Mailing Address 1463 HIGHLAND AVE PO BOX 360835 MELBOURNE FL 32935-6562
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/08/1978		3a. Date of Last Report 04/18/1996	
4. FEI Number 59-1804524		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent GATTO, CAROLE 13 WINDJAMMER POINT MERRITT ISLAND FL 32952				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			
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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* **Carole Gatto, President**
(NOTE: Registered Agent signature required when reinstating) DATE

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	MULLINS, JAMES		1.2 NAME	Gatto, Carole			
STREET ADDRESS	1350 SOUTH HICKORY STREET		1.3 STREET ADDRESS	13 Windjammer Point			
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP	Merritt Island, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WENBERT, BETTYANN		2.2 NAME	Fitzgerald, Pam			
STREET ADDRESS	617 AUBURN AVENUE		2.3 STREET ADDRESS	14 Windjammer Point			
CITY-ST-ZIP	MELBOURNE FL 32901		2.4 CITY-ST-ZIP	Merritt Island, FL 32952			
TITLE	VT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DWIGHT, TIM		3.2 NAME	Price, II, Carroll			
STREET ADDRESS	1950 SOUTH ACADEMY DRIVE		3.3 STREET ADDRESS	1350 S. Hickory Street			
CITY-ST-ZIP	MELBOURNE FL 32901		3.4 CITY-ST-ZIP	Melbourne, FL 32901			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EHRIG, JOHN		4.2 NAME	Wimmer, Trish			
STREET ADDRESS	7390 MURRELL ROAD #201		4.3 STREET ADDRESS	3996 Snowy Egret Drive			
CITY-ST-ZIP	VIERA FL 32940		4.4 CITY-ST-ZIP	Melbourne, FL 32904			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Carole Gatto **Carole Gatto, President**

CR2E037 (9/96)