


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>1463 HIGHLAND AVE PO BOX 360835 MELBOURNE FL 32906-7835</b>	Mailing Address <b>1463 HIGHLAND AVE PO BOX 360835 MELBOURNE FL 32906-7835</b>
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3. Date Incorporated or Qualified <b>03/08/1978</b>	
4. FEI Number <b>59-1804524</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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**

<b>81</b> Name <b>Patricia Briel</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 Roxy Ave</b>	
<b>83</b> <b>Melbourne, FL 32901</b>	
<b>84</b> City <b>FL</b>	<b>85</b> Zip Code

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 *Patricia A. Briel* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE <b>PT</b>	<b>GATTO, CAROLE</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>13 WINDJAMMER POINT</b>	
STREET ADDRESS	<b>MERRITT ISLAND FL</b>	
CITY-ST-ZIP		
TITLE <b>VT</b>	<b>FITZGERALD, PAM</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>14 WINDJAMMER POINT</b>	
STREET ADDRESS	<b>MERRITT ISLAND FL</b>	
CITY-ST-ZIP		
TITLE <b>VT</b>	<b>PRICE, CARROLL I</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>1350 S HICKORY ST</b>	
STREET ADDRESS	<b>MELBOURNE FL</b>	
CITY-ST-ZIP		
TITLE <b>VT</b>	<b>WIMMER, TRISH</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>3996 SNOWY EGRET DR</b>	
STREET ADDRESS	<b>MELBOURNE FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <b>T</b>	<b>President-elect</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jack Kirschenbaum</b>	
1.3 STREET ADDRESS	<b>PO Box 1870</b>	
1.4 CITY-ST-ZIP	<b>Melbourne, FL 32902-1870</b>	<b>N/A</b>
2.1 TITLE <b>T</b>	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ruth Suman</b>	
2.3 STREET ADDRESS	<b>2426 Crystal Oaks Lane</b>	
2.4 CITY-ST-ZIP	<b>W. Melbourne FL 32904</b>	
3.1 TITLE <b>T</b>	<b>Past President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Carole Gatto</b>	
3.3 STREET ADDRESS	<b>13 Windjammer Point</b>	
3.4 CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>	
4.1 TITLE <b>T</b>	<b>Treasurer</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Joseph Di Prima</b>	
4.3 STREET ADDRESS	<b>1199 S. Patrick Dr</b>	
4.4 CITY-ST-ZIP	<b>Satellite Beach, FL 32937</b>	
5.1 TITLE <b>T</b>	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Polly Molnar</b>	
5.3 STREET ADDRESS	<b>3 Country Club Road</b>	
5.4 CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>	
6.1 TITLE <b>T</b>	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Patricia Briel</b>	
6.3 STREET ADDRESS	<b>401 Roxy Ave</b>	
6.4 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Briel*

CR2E037 (10/97)