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02-01-1999 90038 020 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741921

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 32936-7835



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/08/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1804524

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIEL, PATRICIA
401 ROXY AVE
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PET DELETE
NAME KIRSCHENBAUM, JACK
STREET ADDRESS P.O. BOX 1870 N/A
CITY-ST-ZIP MELBOURNE FL 32902

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPT DELETE
NAME SUMAN, RUTH
STREET ADDRESS 2426 CRYSTAL OAKS LANE
CITY-ST-ZIP W. MELBOURNE FL 32904

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PPT DELETE
NAME GATTO, CAROLE
STREET ADDRESS 13 WINDJAMMER POINT
CITY-ST-ZIP MERRITT ISLAND FL 32952

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TT DELETE
NAME DI PRIMA, JOSEPH
STREET ADDRESS 1199 S. PATRICK DRIVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ST DELETE
NAME MOLNER, POLLY
STREET ADDRESS 3 COUNTRY CLUB DRIVE
CITY-ST-ZIP COCOA BEACH FL 32931

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PT DELETE
NAME BRIEL, PATRICIA
STREET ADDRESS 401 ROXY AVE
CITY-ST-ZIP MELBOURNE FL 32901

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, 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: *Patricia A. Briel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

407-242-0737

Date

Daytime Phone #

CR2E037 (1/98)