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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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/08/1978

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

9. Name and Address of Current Registered Agent

BRIEL, PATRICIA  
401 ROXY AVE  
MELBOURNE FL 32901

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

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*  
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

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE  
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

Date

Daytime Phone #

1-15-99

407-242-0737

CR2E037 (1/98)