


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741921**  
 1. Entity Name  
**BREVARD ART MUSEUM INC.**



Principal Place of Business Address Mailing Address  
**1463 HIGHLAND AVENUE** **P.O. BOX 360835**  
**MELBOURNE, FL 32935** **MELBOURNE, FL 32936**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-1804524** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOLLANDER, KARL H**  
**1463 HIGHLAND AVENUE**  
**MELBOURNE, FL 32935**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Karl H. Hollander* **Karl H. Hollander** **1-09-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	FRANCEY, DARCIA J
STREET ADDRESS	P.O. BOX 360843
CITY-ST-ZIP	MELBOURNE, FL 32936
TITLE	1VP
NAME	HOPKINS, SUSAN S
STREET ADDRESS	767 GLENGARRY DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	SVP
NAME	BEAGLEY, RICHARD C
STREET ADDRESS	4180 LAUREL OAK LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	TRES
NAME	SHEIN, DAVID
STREET ADDRESS	6371 PORTOFINO LANE
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	SEC.
NAME	JOHNSTEN, LINK
STREET ADDRESS	1490 HIGHLAND AVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/11/08-80023-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: *Hugh L. Johnsten, Jr.* **Hugh L. Johnsten, Jr.** **1/9/08** **321-254-2584**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #