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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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\*\*\*\*\*70.00 \*\*\*\*\*70.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 768558 (9)  
1. Corporation Name  
BREVARD REGIONAL ARTS GROUPS, INC.

Principal Place of Business Mailing Address  
625 E. NEW HAVEN AVE. MELBOURNE FL 32901 US  
625 E. NEW HAVEN AVE. MELBOURNE FL 32901 US

3. Date Incorporated or Qualified 05/20/1983 3a. Date of Last Report 02/02/1994

4. FEI Number 59-2306612 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LEEBERG, JEANNE  
1505 HWY-A1A  
SUITE 404  
SATELLITE BCH. FL 32937

10. Name and Address of New Registered Agent  
01 Name Leeberg, Jeanne  
02 Street Address (P.O. Box Number is Not Acceptable) 3670 Whisper Woods Circle  
03  
04 City Melbourne FL 05 Zip Code 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jeanne Leeberg* Jeanne Leeberg April 13, 1995 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LEEBERG, JEANNE
STREET ADDRESS	1505 A1A #101
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	VP
NAME	REINMAN, JIM
STREET ADDRESS	1825 S. RIVERVIEW DR.
CITY - ST - ZIP	MELBOURNE FL
TITLE	VD
NAME	FUHRER, TED A.
STREET ADDRESS	491 ST. GEORGES CT.
CITY - ST - ZIP	SATELLITE BCH. FL
TITLE	VD
NAME	WELCH, MICK
STREET ADDRESS	403 S. RIVER OAKS DR.
CITY - ST - ZIP	INDIALANTIC FL
TITLE	SD
NAME	ZIEG, LEONOR
STREET ADDRESS	3370 N. RIVERSIDE DR.
CITY - ST - ZIP	INDIALANTIC FL
TITLE	PD
NAME	FISHER, BRIAN
STREET ADDRESS	0 BRENDA COURT
CITY - ST - ZIP	SATELLITE BEACH FL

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. Leeberg, Jeanne
1.3 STREET ADDRESS	3670 Whisper Woods Circle
1.4 CITY - ST - ZIP	Melbourne, FL 32901
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Niergarth, Arthur W Jr
2.3 STREET ADDRESS	20 N Orange Avenue
2.4 CITY - ST - ZIP	Orlando, FL 32801
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Welch, Mick
3.3 STREET ADDRESS	493 S River Oaks Drive
3.4 CITY - ST - ZIP	Indialantic, FL 32903
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Feller, Katherine W
4.3 STREET ADDRESS	1155 Mueller Lane
4.4 CITY - ST - ZIP	Melbourne, FL 32935
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD Bixby, Yvonne
5.3 STREET ADDRESS	9500 S Tropical Trail
5.4 CITY - ST - ZIP	Merritt Island, FL 32952
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeanne Leeberg* Jeanne Leeberg April 13, 1995 (407)723-8698