

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

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MELBOURNE FL 32901  
US

3. Date Incorporated or Qualified  
**05/20/1983**

3a. Date of Last Report  
**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-2306612**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEEBERG, JEANNE  
3670 WHISPER WOODS CIRCLE  
MELBOURNE FL 32901

81 Name **ILENE MARIE HARRISON**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1841 ISLAND CLUB DR #61**

84 City **INDIALANTIC**

FL

85 Zip Code **32903**

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

**ILENE MARIE HARRISON, EXEC DIR + GEN COUNSEL 2/1/96**

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEEBERG, JEANNE	
STREET ADDRESS	3670 WHISPER WOODS CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	NIERGARTH, ARTHUR W JR	
STREET ADDRESS	20 N ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, MICK	
STREET ADDRESS	493 S. RIVER OAKS DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FELLER, KATHERINE W	
STREET ADDRESS	1155 MUELLER LOANE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIXBY, YVONNE	
STREET ADDRESS	9500 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, BRIAN	
STREET ADDRESS	6 BRENDA COURT	
CITY-ST-ZIP	SATELLITE BEACH FL	

1.1 TITLE	<b>EXEC DIR + GEN COUNSEL</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	<b>ILENE MARIE HARRISON</b>	
1.3 STREET ADDRESS	<b>1841 ISLAND CLUB DRIVE #61</b>	
1.4 CITY-ST-ZIP	<b>INDIALANTIC, FL 32901</b>	
2.1 TITLE	<b>VICE PRESIDENT, DIRECTOR</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	<b>ROBERT CASSIDY</b>	
2.3 STREET ADDRESS	<b>2312 BENT PINE DR</b>	
2.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32904</b>	
3.1 TITLE	<b>VICE PRESIDENT, DIRECTOR</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	<b>RUSSELL HOLMES</b>	
3.3 STREET ADDRESS	<b>1215 E. NEW HAVEN AVE.</b>	
3.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32901</b>	
4.1 TITLE	<b>TREASURER, DIRECTOR</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	<b>DAVID SHAEIN</b>	
4.3 STREET ADDRESS	<b>1600 SARNO RD.</b>	
4.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>	
5.1 TITLE	<b>PRESIDENT</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>SECRETARY, DIRECTOR</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME	<b>DAN PORSI</b>	
6.3 STREET ADDRESS	<b>900 EAST STRAWBRIDGE</b>	
6.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32901</b>	

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/96**

**407-234-9282**

CR2E037 (12/95)