


5-30-97 B-7104 C  
 FILE NOW: FILING FEE IS \$61.25

FILED  
 May 30 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northcutt</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768558 (9)**  
 1. Corporation Name  
**BREVARD REGIONAL ARTS GROUPS, INC.**



Principal Place of Business 625 E. NEW HAVEN AVE. MELBOURNE FL 32901 US	Mailing Address 625 E. NEW HAVEN AVE. MELBOURNE FL 32901-5468 US
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3. Date Incorporated or Qualified <b>05/20/1983</b>	3a. Date of Last Report <b>05/15/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>59-2306612</b> Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HARRISON, ILENE MARIE**  
**1841 ISLAND CLUB DRIVE**  
**SUITE 61**  
**INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent  
 81 Name  
**Amy R. Reilly**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1025 Terry Drive**  
 83  
 84 City  
**Melbourne** **FL** 85 Zip Code  
**32935**

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: *Amy R. Reilly* **Amy R. Reilly, Exec Director** **5/26/97**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDGC</b> <b>HARRISON, ILENE MARIE</b> <b>1841 ISLAND CLUB DRIVE #61</b> <b>INDIANLANTIC FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CASSIDY, ROBERT</b> <b>2312 BENT PINE DRIVE</b> <b>MELBOURNE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>HOLMES, RUSSELL</b> <b>1215 E. NEW HAVEN AVENUE</b> <b>MELBOURNE FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DAVID, SHEIN</b> <b>1600 SARNO ROAD</b> <b>MELBOURNE FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BIXBY, YVONNE</b> <b>9500 S. TROPICAL TRAIL</b> <b>MERRITT ISLAND FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>PORSI, DAN</b> <b>900 EAST STRAWBRIDGE</b> <b>MELBOURNE FL</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>M</b> <b>Reilly, Amy R.</b> <b>1025 Terry Drive</b> <b>Melbourne, FL 32935</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>V/D</b> <b>Neal Johnson</b> <b>308 Lee Avenue</b> <b>Satellite Beach, FL 32937</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>V/D</b> <b>William Potter</b> <b>700 South Babcock St.</b> <b>Melbourne, FL 32901</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Amy R. Reilly* **SIGNATURE REQUIRED** **4/29/97** **407/723-8698**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone # 0018228

CR2E037 (9/96)