

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

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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 US
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3. Date Incorporated or Qualified  
**05/20/1983**

4. FEI Number  
**59-2306612**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**REILLY, AMY R  
1025 TERRY DRIVE  
SUITE 61  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>*NO SUITE</b>	84 City
<b>FL</b>	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 *Amy R. Reilly*, **AMY R. REILLY, Executive Director** 1/6/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REILLY, AMY R</b>	1.2 NAME	
STREET ADDRESS	<b>1025 TERRY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>YD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASSIDY, ROBERT</b>	2.2 NAME	<b>GASTON, ZELLA</b>
STREET ADDRESS	<b>2312 BENT PINE DRIVE</b>	2.3 STREET ADDRESS	<b>9020 Brighton Court</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	2.4 CITY-ST-ZIP	<b>W. Melbourne, FL 32904</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, NEAL</b>	3.2 NAME	
STREET ADDRESS	<b>308 LEE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID, SHEIN</b>	4.2 NAME	
STREET ADDRESS	<b>1600 SARNO ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>700 SOUTH BABCOCK ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORSI, DAN</b>	6.2 NAME	
STREET ADDRESS	<b>900 EAST STRAWBRIDGE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	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.

SIGNATURE: *Amy R. Reilly*, **AMY R. REILLY, Exec. Director** 1/6/98 407/723-8688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)