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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768558

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/20/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2306612	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REILLY, AMY R 1025 TERRY DRIVE SUITE 61 MELBOURNE FL 32935				81 Name	DAN PORSI		
				82 Street Address (P.O. Box Number is Not Acceptable)	900 E. STRAWBRIDGE AVE		
				83			
				84 City	FL	85 Zip Code	32901

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 617.0543, Florida Statutes.

SIGNATURE: DAN PORSI *Dan Porsi* DATE: 4/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, AMY R	1.2 NAME	
STREET ADDRESS	1025 TERRY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTON, ZELLA	2.2 NAME	
STREET ADDRESS	9020 BRIGHTON CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL 32904	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, NEAL	3.2 NAME	
STREET ADDRESS	308 LEE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID, SHEIN	4.2 NAME	ETHEL MILLER
STREET ADDRESS	1600 SARNO ROAD	4.3 STREET ADDRESS	625 E. NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, WILLIAM	5.2 NAME	
STREET ADDRESS	700 SOUTH BABCOCK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORSI, DAN	6.2 NAME	PD
STREET ADDRESS	900 EAST STRAWBRIDGE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	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 the 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, with all other like empowered.

SIGNATURE: DAN PORSI *Dan Porsi* DATE: 4/29/99 DAYTIME PHONE #: 409-733-5200

CR2E037 (11/98)