

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768558

FILED
Apr 29, 2005
Secretary of State

Entity Name: BREVARD REGIONAL ARTS GROUPS, INC.

Current Principal Place of Business:

625 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

625 E. NEW HAVEN AVE.
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-2306612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRESS, GERALD S
2833 PEMBROKE RD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HUDSON, GARY
Address: 659 W EAU GALLIE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: SABINO, RICHARD
Address: 1790 HWY A1A #102
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PD () Delete
Name: NAGRODSKY, DAVID
Address: 411 S BABCOCK ST
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: AWODEY, BILL
Address: 601 ROSSMOOR CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: HOLMES, JEAN
Address: 1300 BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: PEARSON, LORRIE
Address: 400 ST. GEORGE CT
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HUDSON, GARY
Address: 659 W EAU GALLIE
City-St-Zip: MELBOURNE, FL 32935

Title: PD (X) Change () Addition
Name: SABINO, RICHARD
Address: 1790 HWY A1A #102
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Change () Addition
Name: NAGRODSKY, DAVID
Address: 411 S BABCOCK ST
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: OSWALT, BARBARA
Address: 215 BAYTREE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SABINO

PD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date