

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768558

FILED
May 05, 2007
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)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRESS, GERALD S
1143 JAN'S PLACE
MELBOURNE, FL 32940 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: KENNEDY, SHERRY
Address: 72 EMERALD COURT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VPD () Delete
Name: HALKIAS, DENISE
Address: P O BOX 2717
City-St-Zip: MELBOURNE, FL 32902

Title: TD () Delete
Name: SCHAAD, RUSS
Address: 712 FALLS CREEK DRIVE
City-St-Zip: W MELBOURNE, FL 32904

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

Title: PD () Delete
Name: OSWALT, BARBARA
Address: 215 BAYTREE DRIVE
City-St-Zip: MELBOURNE, FL 32940

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GERALD S BRESSES

D

05/05/2007

Electronic Signature of Signing Officer or Director

_____ Date