FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701597 (7)

1. Corporation Name
CENTRAL BREVARD ART ASSOCIATION, INC.

Principal Place of Business	Mailing Address
425 BREVARD AVENUE PO BOX 1274 COCOA FL 32923-1274 US	425 BREVARD AVENUE PO BOX 1274 COCOA FL 32923-1274 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1960
3a. Date of Last Report: 08/02/1994
4. FEI Number: 23-7354704 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

DOW, WILLIAM
1283 ROYAL BIRKDALE CIR
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

61 Name: JOAN BIESKE
62 Street Address (P.O. Box Number is Not Acceptable): 1260 ISLAND DR.
63: MERRITT ISLAND, FL 32952
64 City: FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (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	PD	11 TITLE	☐ Change ☐ Addition
NAME	BIESKE, JOAN	12 NAME	600001478686
STREET ADDRESS	1260 ISLAND DRIVE	13 STREET ADDRESS	-05/08/95--01042--013
CITY-ST-ZIP	MERRITT ISLAND FL	14 CITY-ST-ZIP	****130.00 ****130.00
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	KALLIS, VONNEE	22 NAME	
STREET ADDRESS	985 CARDON DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	REECE, BRENDA	32 NAME	
STREET ADDRESS	2L75 WILLOW AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SCOTT, SHIRLEY	42 NAME	
STREET ADDRESS	115 GARY LANE	43 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	TAW 5-1-95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Shirley Scott Shirley Scott 4-11-95 407-636-3673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0035668