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# Apr 15 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

**DOCUMENT # 701597 (7)**

1. Corporation Name
**CENTRAL BREVARD ART ASSOCIATION, INC.**

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

3. Date Incorporated or Qualified: 10/26/1960
3a. Date of Last Report: 03/21/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

BIESKE, JOAN
1260 ISLAND DR.
MERRITT ISLAND FL 32952

**10. Name and Address of New Registered Agent**

81 Name: CARL FREITAG,JR.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 915 VILLA DR.
84 City: MELBOURNE FL 85 Zip Code: 32940

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: Carl Freitag Jr. 4-8-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BIESKI, JOAN<br>1260 ISLAND DRIVE<br>MERRITT ISLAND FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>PD<br>CARL FREITAG,JR. 32940<br>915 VILLA DE. MELBOURNE, FL. |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KALLIS, VONNEE<br>985 CARDON DRIVE<br>ROCKLEDGE FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>VD<br>BRENDA REECE<br>275 WILLOW AV, M.I.FL. 32953 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>REECE, BRENDA<br>2L75 WILLOW AVENUE<br>MERRITT ISLAND FL | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>SD<br>IMOGENE JONES 32955<br>1o25 JACARANDA CR,ROCKLEDGE FL |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SCOTT, SHIRLEY<br>115 GARY LANE<br>COCOA FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 information indicated on this annual report or supplemental annual report is true and accurate and that my signature I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required b appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl Freitag Jr.