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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 PO BOX 1274 COCOA FL 32923-1274 US	425 BREVARD AVENUE PO BOX 1274 COCOA FL 32923-1274 US

3. Date Incorporated or Qualified: 10/26/1960

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FREITAG, CARL J
915 VILLA DR.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name: KRISTIN A REID - PRESIDENT.
82 Street Address (P.O. Box Number is Not Acceptable): 3799 S. BANANA RIVER BLVD. #709
83: COCOA BEACH, FL
84 City: FL 85 Zip Code: 32931

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: Kristin A. Reid
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 FREITAG, CARL J 915 VILLA DR. MELBOURNE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT "D" KRISTIN A. REID 3799 S. BANANA RIVER BLVD - 709 COCOA BEACH, FL 32931	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REECE, BRENDA 275 WILLOW AVE. MERRITT ILSAND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V. President - MAX WILLIS "D" 450 Footman Lane Merritt Is. FL. 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JONES, IMOGENE 1025 JACARANDA CR. ROCKLEGEDE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	2ND V.P. MELBA VRSSING "D" 65 RIVERSIDE DR. # 204 COCOA, FL 32922	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCOTT, SHIRLEY 115 GARY LANE COCOA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TREASURER T JAMES LOVERIDGE 304 RANGE RD. COCOA, FL. 32926	☒ 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	RECORDING SEC. T IMOGENE JONES 1117 FAIRLAWN ROCKLEDGE, FL 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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 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: Kristin A Reid 4-25/98 (407) 6363673