# 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

95 APR 28 PM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **710274** **(2)**

1. Corporation Name

**THE BREVARD SYMPHONY ORCHESTRA, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1500 HIGHLAND AVENUE<br>PO BOX 361965<br>MELBOURNE FL 32936-1965 | 1500 HIGHLAND AVENUE<br>PO BOX 361965<br>MELBOURNE FL 32936-1965 |

3. Date Incorporated or Qualified: 01/28/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1149727 ☐ 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 S. 199.032, Florida Statutes ☐ 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

SUMAN, CRAIG
2426 CRYSTAL OAKS LANE
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name: RICHARD BEAGLEY
82 Street Address (P.O. Box Number is Not Acceptable): 2540 Palm Lake Drive
83
84 City: MERRITT ISLAND FL 65 Zip Code: 32952

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] Richard Beagley, Chairman 4/19/95
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 | P | 1.1 TITLE | C/D | ☒ Change ☐ Addition |
| NAME | UMAN, CRAIG A | 1.2 NAME | Richard Beagley | |
| STREET ADDRESS | 2426 CRYSTAL OAKS LANE | 1.3 STREET ADDRESS | 2540 Palm Lake Dr. | |
| CITY-ST-ZIP | MELBOURNE FL | 1.4 CITY-ST-ZIP | Merritt Island, FL 32952 | |
| TITLE | VP | 2.1 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | SMITH, JACK | 2.2 NAME | Dallas Gillespie | |
| STREET ADDRESS | 1710 FENWAY CIRCLE | 2.3 STREET ADDRESS | 432 Tortise View Circle | |
| CITY-ST-ZIP | ROCKLEDGE FL | 2.4 CITY-ST-ZIP | Satellite Beach, FL 32937 | |
| TITLE | T | 3.1 TITLE | T/D | ☐ Change ☐ Addition |
| NAME | LAHAM, JAMES S | 3.2 NAME | See left | |
| STREET ADDRESS | 320 FORTENBERRY RD | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MERRITT ISLAND FL | 3.4 CITY-ST-ZIP | | |
| TITLE | S | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | GURR, SHEILS M | 4.2 NAME | Polly Williams | |
| STREET ADDRESS | 1842 S BANANA RIVER DRIVE | 4.3 STREET ADDRESS | 118 Woodside Drive | |
| CITY-ST-ZIP | MERRITT ISLAND FL | 4.4 CITY-ST-ZIP | Melbourne, FL 32940 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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:** [signature] Polly Williams 4-25-95 (407) 254-7031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096084