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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710274

1. Corporation Name

BREVARD SYMPHONY ORCHESTRA, INC.

Principal Place of Business

1500 HIGHLAND AVENUE
PO BOX 361965
MELBOURNE FL 32936-1965

Mailing Address

1500 HIGHLAND AVENUE
PO BOX 361965
MELBOURNE FL 32936-1965



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/28/1966

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

9. Name and Address of Current Registered Agent

GILLESPIE, DALLAS K
432 TORTISE VIEW CIRCLE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

Jerry Allender

82 Street Address (P.O. Box Number is Not Acceptable)

545 Ora Dell Ave.

83

84 City

Titusville

FL

85 Zip Code

32796

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:

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4-21-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAGLEY, RICHARD	
STREET ADDRESS	3540 PALM LAKE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	GILLESPIE, DALLAS K	
STREET ADDRESS	432 TORTISE VIEW CIRCLE	
CITY-ST-ZIP	SATELLITE BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLITOR, JUDY	
STREET ADDRESS	1171 INDIAN RIVER DR	
CITY-ST-ZIP	COCOA FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ERICSON, SHIRLEY C	
STREET ADDRESS	3519 NELSON PL	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BECK, EDWARD	
STREET ADDRESS	1901 S HARBOR CITY BLVD, STE 500	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Allender, Jerry	
2.3 STREET ADDRESS	545 Ora Dell Ave.	
2.4 CITY-ST-ZIP	Titusville FL 32796	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marquette, Peggie	
4.3 STREET ADDRESS	2800 S. Doresey Place	
4.4 CITY-ST-ZIP	Melbourne, FL 32901	

5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Heddens, James	
5.3 STREET ADDRESS	4547 Helena Dr.	
5.4 CITY-ST-ZIP	Titusville, FL 32780	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99
Date

407-269-1511
Daytime Phone #

CR2E037 (11/98)