

DOCUMENT # 717131

Entity Name

THE BREVARD MUSEUM, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90173 003 ****61.25

Principal Place of Business	Mailing Address
201 MICHIGAN AVE C/O ANN L LAWTON COCA FL 32926	2201 MICHIGAN AVE C/O ANN L LAWTON COCO FL 32926 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7112336	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
<p>LAWTON, ANN L. 2201 MICHIGAN AVE. COCOA FL 32926</p>

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="text-align: center; font-size: 2em; font-weight: bold;">FL</div> <div>Zip Code</div>

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ Ann L. Lawton, Director

02/06/02

Signature; typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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1. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
FILE NAME STREET ADDRESS CITY - ST - ZIP	S MOEHLE, DOTTIE 2704 INDIAN RIVER DRIVE ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Carlson, Courtney 3422 Kent Dr. Melbourne, FL 32935	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY - ST - ZIP	D KUNS, MERLE L DR. 3605 S. BANANA RIVER BLVD., #301 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Barton, Billie 1455 Echo Circle Titusville, FL. 32780	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY - ST - ZIP	D CROOKS, KENNETH 7380 MURRELL ROAD S-100 MELBOURNE FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY - ST - ZIP	T RADLOFF, CHARLES 1217 THREE MEADOWS DRIVE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY - ST - ZIP	M LAWTON, ANN L 14 WILLOW GREEN DRIVE COCOA BEACH FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY - ST - ZIP	V TUCCARONE, JENNIFER 2403 WEST FRIDAY ROAD COCOA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN L. LAWTON 02/06/02 321.632.1830

CR2E037 (9/01)