


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 015 ****61.25

DOCUMENT # N00000003261	
1. Entity Name THE CENTRAL BREVARD ART ASSOCIATION, INC.	

Principal Place of Business 625A FLORIDA AVE COCOA FL 32923	Mailing Address P.O. BOX 1274 COCOA FL 32923
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 23-7254704	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HULSE, GINA 625A FLORIDA AVE ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name <u>Dorothy Holdren</u> Street Address (P.O. Box Number is Not Acceptable) <u>625A Florida Ave</u> City <u>Cocoa</u> FL Zip Code <u>32923</u>
--	---

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dorothy Holdren Dorothy Holdren FEB 5 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BIESKE, ANITA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1360 WILDWOOD WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ROCKLEDGE FL 32955</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	BIESKE, ANITA		STREET ADDRESS	1360 WILDWOOD WAY		CITY-ST-ZIP	ROCKLEDGE FL 32955		<table border="1"> <tr> <td>TITLE</td> <td>President</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Dorothy Holdren</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1365 Harbor Point Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Merritt Island FL 32952</td> <td></td> </tr> </table>	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Dorothy Holdren		STREET ADDRESS	1365 Harbor Point Dr		CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete																							
NAME	BIESKE, ANITA																								
STREET ADDRESS	1360 WILDWOOD WAY																								
CITY-ST-ZIP	ROCKLEDGE FL 32955																								
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Dorothy Holdren																								
STREET ADDRESS	1365 Harbor Point Dr																								
CITY-ST-ZIP	Merritt Island FL 32952																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VAHLE, ANNA J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2610 OVERLOOK CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MERRITT ISLAND FL 32953</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	VAHLE, ANNA J		STREET ADDRESS	2610 OVERLOOK CT		CITY-ST-ZIP	MERRITT ISLAND FL 32953		<table border="1"> <tr> <td>TITLE</td> <td>Vice President</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Charles Smith</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>309 Gemini Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Satellite Beach FL 32937</td> <td></td> </tr> </table>	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Charles Smith		STREET ADDRESS	309 Gemini Dr		CITY-ST-ZIP	Satellite Beach FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete																							
NAME	VAHLE, ANNA J																								
STREET ADDRESS	2610 OVERLOOK CT																								
CITY-ST-ZIP	MERRITT ISLAND FL 32953																								
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Charles Smith																								
STREET ADDRESS	309 Gemini Dr																								
CITY-ST-ZIP	Satellite Beach FL 32937																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HULSE, GINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>110 CENTER ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCOA FL 32923</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	HULSE, GINA		STREET ADDRESS	110 CENTER ST		CITY-ST-ZIP	COCOA FL 32923		<table border="1"> <tr> <td>TITLE</td> <td>Vice President</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Cyril Eisen</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>110 Mutiny Ln #106</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Merritt Island FL 32952</td> <td></td> </tr> </table>	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Cyril Eisen		STREET ADDRESS	110 Mutiny Ln #106		CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete																							
NAME	HULSE, GINA																								
STREET ADDRESS	110 CENTER ST																								
CITY-ST-ZIP	COCOA FL 32923																								
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Cyril Eisen																								
STREET ADDRESS	110 Mutiny Ln #106																								
CITY-ST-ZIP	Merritt Island FL 32952																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>309 GEMINI DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SATELLITE BEACH FL 32937</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	SMITH, CHARLES		STREET ADDRESS	309 GEMINI DR		CITY-ST-ZIP	SATELLITE BEACH FL 32937		<table border="1"> <tr> <td>TITLE</td> <td>Record Sec</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Richard Krutewat</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 St. Lucie Ln #603</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cocoa Beach FL 32931</td> <td></td> </tr> </table>	TITLE	Record Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Richard Krutewat		STREET ADDRESS	200 St. Lucie Ln #603		CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE	D	<input checked="" type="checkbox"/> Delete																							
NAME	SMITH, CHARLES																								
STREET ADDRESS	309 GEMINI DR																								
CITY-ST-ZIP	SATELLITE BEACH FL 32937																								
TITLE	Record Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Richard Krutewat																								
STREET ADDRESS	200 St. Lucie Ln #603																								
CITY-ST-ZIP	Cocoa Beach FL 32931																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EAVEY, JO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3709 WINDSOR DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>COCOA FL 32926</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	EAVEY, JO		STREET ADDRESS	3709 WINDSOR DR		CITY-ST-ZIP	COCOA FL 32926		<table border="1"> <tr> <td>TITLE</td> <td>Corresponding Sec</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Anita Bieske</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>820 Brickell St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm Bay FL 32909</td> <td></td> </tr> </table>	TITLE	Corresponding Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Anita Bieske		STREET ADDRESS	820 Brickell St		CITY-ST-ZIP	Palm Bay FL 32909	
TITLE	D	<input checked="" type="checkbox"/> Delete																							
NAME	EAVEY, JO																								
STREET ADDRESS	3709 WINDSOR DR																								
CITY-ST-ZIP	COCOA FL 32926																								
TITLE	Corresponding Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Anita Bieske																								
STREET ADDRESS	820 Brickell St																								
CITY-ST-ZIP	Palm Bay FL 32909																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAROCQUE, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>495 BELLA CAPRI DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MERRITT ISLAND FL 32952</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	LAROCQUE, JAMES		STREET ADDRESS	495 BELLA CAPRI DR		CITY-ST-ZIP	MERRITT ISLAND FL 32952		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	LAROCQUE, JAMES																								
STREET ADDRESS	495 BELLA CAPRI DR																								
CITY-ST-ZIP	MERRITT ISLAND FL 32952																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

12. 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: James C. Larocque James C. Larocque 2/6/04 321-453-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #