

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 14, 2005 8:00 A.M.
Secretary of State

DOCUMENT # N01000002167 1. Entity Name THE BROOKSVILLE MURAL SOCIETY, INC.			
Principal Place of Business 601 MUSEUM CT BROOKSVILLE, FL 34601 US		Mailing Address 601 MUSEUM CT BROOKSVILLE, FL 34601 US	
2. Principal Place of Business <u>201 Howell Avenue</u> Suite, Apt. #, etc.		3. Mailing Address <u>P.O. Box 1682</u> Suite, Apt. #, etc.	
City & State <u>Brooksville, FL</u> Zip <u>34601</u> Country		City & State <u>Brooksville, FL</u> Zip <u>34605</u> Country <u>USA</u>	
4. FEI Number 59-3718195		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 JACKSON, VIRGINIA 601 MUSEUM CT BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name <u>Diana Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>P.O. Box 1682</u> <u>201 Howell Avenue</u> City <u>Brooksville</u> FL <u>34605</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 <u>Diane Rodriguez</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Ms. Diana Rodriguez</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <u>11/3/04</u>		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete RODRIGUEZ, DIANA 110 S BROOKSVILLE AVE BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600044692546 01/13/05--01052--010 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete MILTON, WENDI 806 HOWELL AVE BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC <input type="checkbox"/> Delete HEINS, VICTOR F 10462 CASA GRANDE CIRCLE SPRING HILL, FL 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300042609383 11/09/04--01086--008 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Delete LEWIS, BEVERLY S P.O. BOX 1213(990 PONCE DE LEON) BROOKSVILLE, FL 34605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DT Barnes, Kathleen 13009 Old Crystal River Rd. Brooksville, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JACKSON, VIRGINIA 601 MUSEUM CT BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete REID, JEAN 25921 HADDEN RD BROOKSVILLE, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Ms. Diana Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>November 3, 2004</u> Daytime Phone # <u>352 796-6857</u>	