

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90098 010 \*\*\*\*61.25

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<b>DOCUMENT # N01000002167</b> 1. Entity Name <b>THE BROOKSVILLE MURAL SOCIETY, INC.</b>					
Principal Place of Business <b>201 HOWELL AVENUE BROOKSVILLE, FL 34601 US</b>			Mailing Address <b>201 HOWELL AVENUE BROOKSVILLE, FL 34601 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3718195</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RODRIGUEZ, DIANA 201 HOWELL AVENUE BROOKSVILLE, FL 34601</b>				Name <b>Marisol B. Pereira</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 Howell Avenue</b> <b>BROOKSVILLE FL 34601</b> City <b>FL</b> Zip Code	
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>Marisol B. Pereira</u> <span style="float: right;">5/8/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>RODRIGUEZ, DIANA</b> <b>110 S BROOKSVILLE AVE</b> <b>BROOKSVILLE, FL 34601</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Marisol B. Pereira</b> <b>201 Howell Avenue</b> <b>BROOKSVILLE, FL 34601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BARMES, KATHLEEN</b> <b>13009 OLD CRYSTAL RIVER ROAD</b> <b>BROOKSVILLE, FL 34601</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRPERSON</b> <b>MARY ALICE QUEIROS</b> <b>201 Howell Ave</b> <b>BROOKSVILLE FL 34601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC</b> <b>HEINS, VICTOR F</b> <b>10462 CASA GRANDE CIRCLE</b> <b>SPRING HILL, FL 34608</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-CHAIRPERSON</b> <b>GLENN MILLER</b> <b>9191 TARELON CIRCLE</b> <b>BROOKSVILLE FL 34613</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACKSON, VIRGINIA</b> <b>601 MUSEUM CT</b> <b>BROOKSVILLE, FL 34601</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>MARY JANE RUSSELL</b> <b>7 PINE ST</b> <b>BROOKSVILLE, FL 34601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Mary Alice Queiros</u> <span style="float: right;">May 8 2006 352-544-5407</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					