

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000002167**

1. Entity Name  
**THE BROOKSVILLE MURAL SOCIETY, INC.**



Principal Place of Business  
**201 HOWELL AVENUE  
BROOKSVILLE, FL 34601 US**

Mailing Address  
**P.O. BOX 1682  
BROOKSVILLE, FL 34605**



01192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3718195**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PHILLIPS, KAREN  
201 HOWELL AVENUE  
BROOKSVILLE, FL 34601**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
PEREIRA, MARISOL B  
201 HOWELL AVE  
BROOKSVILLE, FL 34601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**C  
QUEIROS, MARY A  
201 HOWELL AVE  
BROOKSVILLE, FL 34601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VC  
MILLER, GLENN  
9191 TARETON CIR  
BROOKSVILLE, FL 34613**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JACKSON, VIRGINIA  
601 MUSEUM CT  
BROOKSVILLE, FL 34601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
RUSSELL, MARY J  
7 PINE ST.  
BROOKSVILLE, FL 34601**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000646246  
03/06/07-80022-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Mary Alice Queiros* **MARY ALICE Queiros** 2/16/07 544-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXT 111