

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002167

FILED
Feb 01, 2009
Secretary of State

Entity Name: THE BROOKSVILLE MURAL SOCIETY, INC.

Current Principal Place of Business:

201 HOWELL AVENUE
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1682
BROOKSVILLE, FL 34605

New Mailing Address:

FEI Number: 59-3718195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, KAREN
201 HOWELL AVENUE
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

JACKSON, VIRGINIA
201 HOWELL AVENUE
BROOKSVILLE, FL 34601 US

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: VIRGINIA JACKSON

02/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MATILAINEN, MAXINE
Address: P.O. BOX 794
City-St-Zip: BROOKSVILLE, FL 34605

Title: C () Delete
Name: QUEIROS, MARY A
Address: 201 HOWELL AVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: VC () Delete
Name: HANNEMAN, ROLAND J ST.
Address: 23209 FITZ HUGH AVE.
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Delete
Name: JACKSON, VIRGINIA
Address: 601 MUSEUM CT
City-St-Zip: BROOKSVILLE, FL 34601

Title: S () Delete
Name: RUSSELL, MARY J
Address: 7 PINE ST.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: KNOWLES, JAN
Address: 26287 SOULT RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A QUEIROS

C

02/01/2009

Electronic Signature of Signing Officer or Director

Date