

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002920

FILED
Apr 28, 2006
Secretary of State

Entity Name: BREVARD WATERCOLOR SOCIETY, INC.

Current Principal Place of Business:

111 OCEAN GARDEN LANE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

PO BOX 361076
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: 59-3760216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SANDRA
111 OCEAN GARDEN LANE
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, SANDRA
Address: 111 OCEAN GARDEN LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VD () Delete
Name: LA CUESTA, WITHA
Address: 1784 INDEPENDENCE AVE.
City-St-Zip: VIERA, FL 32940

Title: TD () Delete
Name: PARK, ADELE V.
Address: 638 FRANKLIN AVE.
City-St-Zip: INDIALANTIC, FL 32903

Title: SD () Delete
Name: CALLITON, ELEANOR
Address: 2891 ST. JAMES LANE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: WILLIAMS, SANDRA K.
Address: 111 OCEAN GARDEN LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA K. WILLIAMS

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date