

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90138 048 ****61.25

DOCUMENT # N02000002920

1. Entity Name
BREVARD WATERCOLOR SOCIETY, INC.



Principal Place of Business

**4799 SOLITARY DR
ROCKLEDGE FL 32955-6554**

Mailing Address

**4799 SOLITARY DR
ROCKLEDGE FL 32955-6554**

22000201



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2203 ATLANTIC ST.

Suite, Apt. #, etc.

716

3. Mailing Address

2203 ATLANTIC ST

Suite, Apt. #, etc.

716

City & State

MELBOURNE BEACH, FL

City & State

MELBOURNE BEACH, FL

4. FEI Number

59-3760216

Applied For

Not Applicable

Zip

32951

Country

Zip

32951

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DAVIDOW, HOWARD

4799 SOLITARY DR

ROCKLEDGE FL 32955-6554

7. Name and Address of New Registered Agent

Name

JAMES, VIRGINIA L.

Street Address (P.O. Box Number is Not Acceptable)

2203 ATLANTIC ST.

City

Melbourne Beach

FL

Zip Code

32951

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

Virginia L. James **VIRGINIA L. JAMES**

1/22/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
☐ Trust Fund Contribution.

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DAVIDOW, HOWARD**
STREET ADDRESS **4799 SOLITARY DR**
CITY-ST-ZIP **ROCKLEDGE FL 32955-6554**

TITLE **D** ☐ Delete
NAME **MCGAVERN, ELAINE**
STREET ADDRESS **4340 WINDOVER WAY**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **D** ☐ Delete
NAME **SHUMAN, ANNA B**
STREET ADDRESS **840 KERRY DOWN CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D** ☒ Delete
NAME **JAMES, VIRGINIA L**
STREET ADDRESS **2203 ATLANTIC ST**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951-2467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES.** ☒ Change ☐ Addition
NAME **JAMES, VIRGINIA L**
STREET ADDRESS **2203 ATLANTIC ST.**
CITY-ST-ZIP **Melbourne Beach, FL 32951-2467**

TITLE **VP** ☒ Change ☐ Addition
NAME **NEAL, LINDA**
STREET ADDRESS **703 SHADY LANE**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **TREAS.** ☒ Change ☐ Addition
NAME **DEDMAN, Meredith**
STREET ADDRESS **145 ESCAMBA LN #108**
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE **SECY** ☒ Change ☐ Addition
NAME **WARNICK Mary**
STREET ADDRESS **2226 Hwy A1A # 710**
CITY-ST-ZIP **Indian Harbour Beach, FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Virginia L. James **VIRGINIA L. JAMES** **1/22/03 321-26-6666**

CR2E037 (10/02)