

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2006 08:00 A
Secretary of State**

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000008861

1. Entity Name

BREVARD CHILDREN'S CHORUS, INC.



Principal Place of Business

**1110 SUNDAY DRIVE
ROCKLEDGE, FL 32955**

Mailing Address

**1110 SUNDAY DRIVE
ROCKLEDGE, FL 32955**



01292006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number:
NOT APPLICABLE**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASLIN, SHARON
1110 SUNDAY DRIVE
ROCKLEDGE, FL 32955**

**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

Mark S. Maslin

MANAGER

1-29-2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**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**

**D
MASLIN, SHARON
1110 SUNDAY DRIVE
ROCKLEDGE, FL 32955**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**D
MASLIN, MARK
1110 SUNDAY DRIVE
ROCKLEDGE, FL 32955**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**D
REINHART, CHARLOTTE
2050 PORPOISE STREET
MERRITT ISLAND, FL 32952**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**UD0000424009
02/18/06-80030-022 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:

Mark S. Maslin

1-29-2006

321-631-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #