

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90073 039 \*\*\*\*61.25

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # N04000008861</b><br>1. Entity Name<br><b>BREVARD CHILDREN'S CHORUS, INC.</b>   |  |   |  |  |   |
| Principal Place of Business<br><b>1110 SUNDAY DRIVE<br/>ROCKLEDGE, FL 32955</b>  |  |   | Mailing Address<br><b>1110 SUNDAY DRIVE<br/>ROCKLEDGE, FL 32955</b>  |  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |   |
| City & State   |  | City & State  |  |  |   |
| Zip  | Country  | Zip   | Country  | 03122007 Chg-NP CR2E037 (12/06)                        |   |
| 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$8.75 Additional Fee Required</b>                  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MASLIN, SHARON<br/>1110 SUNDAY DRIVE<br/>ROCKLEDGE, FL 32955</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |   |
| 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 <u>Sharon Maslin</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   | DATE <u>March 12, 2007</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>                 |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |  |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MASLIN, SHARON<br>1110 SUNDAY DRIVE<br>ROCKLEDGE, FL 32955              | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MASLIN, MARK<br>1110 SUNDAY DRIVE<br>ROCKLEDGE, FL 32955                | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>REINHART, CHARLOTTE<br>2050 PORPOISE STREET<br>MERRITT ISLAND, FL 32952 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | D<br>TIMOTHY ANTONITION<br>2843 SONOMA WAY<br>ROCKLEDGE, FL 32955 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Mark S. Maslin</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date <u>3-12-2007</u>  |  | Daytime Phone # <u>321 631-9990</u>                               |