


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90252 037 ****61.25

DOCUMENT # N05000009321					
1. Entity Name BREVARD THEATRICAL ENSEMBLE, INC.					
Principal Place of Business 950 PINE CREEK CIRCLE NE PALM BAY, FL 32905			Mailing Address 950 PINE CREEK CIRCLE NE PALM BAY, FL 32905		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3487198	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	

60002914



01092006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent RYAN, GAIL B 950 PINE CREEK CIRCLE NE PALM BAY, FL 32905		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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

Signature, typed or printed name of registered agent and title 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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYN, GAIL	NAME	
STREET ADDRESS	950 PINE CREEK CIRCLE NE	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, JAY	NAME	
STREET ADDRESS	316 EMERSON DR NW	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32907	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLS, HONEY S	NAME	DS Walls, Honey S.
STREET ADDRESS	950 PINE CREEK CIRCLE NE	STREET ADDRESS	2240 Summer Brook St.
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP	Melbourne, FL 32940
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVELL, SARA L	NAME	
STREET ADDRESS	PO BOX 510413	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32951	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUL, STEVE	NAME	
STREET ADDRESS	970 SABAL RD	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE VILLAGE, FL 32904	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sara L. Harvell **Sara L. Harvell** 1-9-06 321-223-5986