

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009321

FILED
Jan 16, 2009
Secretary of State

Entity Name: BREVARD THEATRICAL ENSEMBLE, INC.

Current Principal Place of Business:

950 PINE CREEK CIRCLE NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

950 PINE CREEK CIRCLE NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 20-3487198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, GAIL B
950 PINE CREEK CIRCLE NE
PALM BAY, FL 32905 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: DP () Delete
Name: RYAN, GAIL
Address: 950 PINE CREEK CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: DV () Delete
Name: MCCLURE, JAY
Address: 316 EMERSON DR NW
City-St-Zip: PALM BAY, FL 32907

Title: DS () Delete
Name: WALLS, HONEY S
Address: 2240 SUMMERBROOK ST.
City-St-Zip: MELBOURNE, FL 32940

Title: DT () Delete
Name: HARVELL, SARA L
Address: PO BOX 510413
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: GAUL, STEVE
Address: 970 SABAL RD
City-St-Zip: MELBOURNE VILLAGE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SARA L HARVELL

DT

01/16/2009

Electronic Signature of Signing Officer or Director

Date