2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 14, 2006 8:00 am Secretary of State

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ANNUAL REPORT

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BREVARD ART EDUCATORS ASSOCIATION, INC. Principal Place of Business Mailing Address 2700 JUDGE FRAN JAMIESON WAY 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940-6699 VIERA, FL 32940-6699 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-NP CR2E037 (11/05) City & State Applied For City & State 4. FEI Number 87-0760580 Not Applicable Zio Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOLAN, PEGGY 2700 JUDGE FRAN JAMIESON WAY Street Address (P.O. Box Number is Not Acceptable) VIERA, FL 32940-6699 City 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. 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ME TITLE ☐ Deteta ☐ Addition Change SNOW, SHERI NAME NAME 2700 JUDGE FRAN JAMIESON WAY STREET ADDRESS STREET ADDRESS CITY- ST- ZIP VIERA, FL 329406699 CITY- ST. 7IP TITLE Deleta TITLE ☐ Change Addition Thacker, Vickki SCHULTZ, LEE ANN F NAME NAME 2700 Judge Fran Jamieson Way Viera, FL 32940 6699 STREET ADORESS 2700 JUDGE FRAN JAMIESON WAY STREET ADDRESS CITY-ST-ZIP VIERA, FL 329406699 CITY-ST-ZIP TITLE Delete TOLE Change Addition Geiger, Bridget 2700 Judge Fran Jamieson Way Viera, FL 32940 6499 NAME TIZEN, PATTY NAME 2700 JUDGE FRAN JAMIESON WAY STREET ADORESS STREET ADDRESS CITY-ST-ZIP VIERA, FL 329406699 CITY-ST-7P TITLE ☐ Deleta TITLE Change ☐ Addition **NOLAN, PEGGY** NAME NAME STREET ADDRESS 2700 JUDGE FRAN JAMIESON WAY STREET ADDRESS VIERA, FL 329406699 CDY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NVA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: