2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N06000005968

Entity Name: BREVARD COUNTY BLUES SOCIETY, INC.

Current Principal Place of Business:

1623 NEBRASKA STREET NE
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

1623 NEBRASKA STREET NE
PALM BAY, FL 32907

New Mailing Address:

FEI Number: 20-5406943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACK, JANINE M
1623 NEBRASKA STREET NE
PALM BAY, FL 32907 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: P ( ) Delete
Name: BLACK, JANINE M
Address: 1623 NEBRASKA STREET NE
City-St-Zip: PALM BAY, FL 32907

Title: ST ( ) Delete
Name: BLACK, PAUL W
Address: 1623 NEBRASKA STREET NE
City-St-Zip: PALM BAY, FL 32907

Title: V ( ) Delete
Name: KOLP, WILLIAM
Address: 3 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: DIR ( ) Delete
Name: KOLP, WILLIAM
Address: 3 N. ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931

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:

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: JANINE M BLACK P 04/29/2008

Electronic Signature of Signing Officer or Director — Date