

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 27, 2009  
Secretary of State

DOCUMENT# N07000011221

Entity Name: CREATIVE ARTS FOUNDATION OF BREVARD, INC.

**Current Principal Place of Business:**

C/O TRINA W. DOWNEY CPA  
2000 S PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

TRINA W. DOWNEY, CPA  
2000 S PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

FEI Number: 26-1532562      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOWNEY, TRINA W C.P.A.  
2000 S PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937      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: PRES ( ) Delete  
Name: BALLANTYNE, RICHARD  
Address: 523 ISLAND CT.  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: TREA ( ) Delete  
Name: DOWNEY, TRINA W  
Address: 2000 S. PATRICK DRIVE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SEC ( ) Delete  
Name: CINCO, SUSAN  
Address: 3076 RIO PALMA N.  
City-St-Zip: INDIALANTIC, FL 32903

Title: DIR ( ) Delete  
Name: CINCO, LARRY  
Address: 3076 RIO PALMA N.  
City-St-Zip: INDIALANTIC, FL 32903

Title: DIR ( ) Delete  
Name: FRANK, MARSHALL  
Address: 1315 BONAVENTURE DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: DIR ( ) Delete  
Name: FRANK, SUZANNE  
Address: 1315 BONAVENTURE DRIVE  
City-St-Zip: MELBOURNE, FL 32940

**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:

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: TRINA W. DOWNEY

Electronic Signature of Signing Officer or Director

MGR

02/27/2009

\_\_\_\_\_ Date