

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90147 005 ****61.25

DOCUMENT # N07934

1. Corporation Name

BREVARD ASSOCIATION OF MINIATURISTS, INC.

Principal Place of Business

192 SE 4TH ST
SATELLITE BEACH FL 32937
US

Mailing Address

P O BOX 372739
SATELLITE BEACH FL 32937-7739
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/27/1985

4. FEI Number

59-2566160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

COTTER, ED
192 S.E. 4TH ST
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

Linda Boyd

82 Street Address (P.O. Box Number is Not Acceptable)

15 Dorset Lane

83

84 City

Satellite Beach

FL

85 Zip Code

32937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME COTTER, ED
STREET ADDRESS 192 SE 4TH ST
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE V ☐ DELETE

NAME MILLER, CAROLE
STREET ADDRESS 7021 RODES PLACE
CITY-ST-ZIP W MELBOURNE FL

TITLE V ☐ DELETE

NAME GOLDSMITH, DON
STREET ADDRESS 557 S ORLANDO AVE
CITY-ST-ZIP COCOA BCH FL 32931

TITLE DT ☐ DELETE

NAME ESTLER, ELIZABETH
STREET ADDRESS 527 LEE COURT
CITY-ST-ZIP W MELBOURNE FL 32904

TITLE DS ☒ DELETE

NAME SCOTT, CAROLYN
STREET ADDRESS 2901 ALBERMARLE ST, APT C-6
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☐ DELETE

NAME GAILEY, DOLORES
STREET ADDRESS 1607 PARKSIDE PL
CITY-ST-ZIP INDIAN HARBOUR BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Linda Boyd
1.3 STREET ADDRESS 15 Dorset Lane
1.4 CITY-ST-ZIP Satellite Beach, FL 32937

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME DS
5.3 STREET ADDRESS SORANA Molloy
4565 Sweet Bay Avenue
5.4 CITY-ST-ZIP Melbourne, FL 32985

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99
Date

(807) 676-2570
Daytime Phone #

CR2E037 (11/98)