

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07934

FILED
Apr 04, 2007
Secretary of State

Entity Name: BREVARD ASSOCIATION OF MINIATURISTS, INC.

Current Principal Place of Business:

830 S ATLANTIC AVENUE
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 372739
SATELLITE BEACH, FL 329377739 US

New Mailing Address:

FEI Number: 59-2566160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, VICKI
761 1ST AVE.
SATELLITE 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: P () Delete
Name: ILOTT, DOROTHY
Address: 408 MONTREAL WAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: GOLDSMITH, DONALD
Address: 557 S. ORLANDO AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: DT () Delete
Name: LITTLE, VICKI
Address: 761 FIRST AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DS () Delete
Name: ARLEO, NORMA
Address: 410 3RD AVE.
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEUS, GAIL
Address: 2365 OPHELIA LANE
City-St-Zip: MELBOURNE, FL 32934

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

Title: DT (X) Change () Addition
Name: SEUS, ADRIANNE
Address: 2365 OPHELIA LANE
City-St-Zip: MELBOURNE, FL 32934

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL SEUS

P

04/04/2007

Electronic Signature of Signing Officer or Director

Date