## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07934

FILED Apr 11, 2009 Secretary of State

Entity Name: BREVARD ASSOCIATION OF MINIATURISTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 830 S ATLANTIC AVENUE COCOA BEACH, FL 32931 US **Current Mailing Address: New Mailing Address:** P O BOX 372739 SATELLITE BEACH, FL 329377739 US FEI Number: 59-2566160 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SEUS, ADRIANNE 2365 ÓPHELIA LANE MELBOURNE, FL 32934 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SEUS, GAIL LITTLE, WILLIAM Name: Name: 2365 OPHELIA LANE Address: 761 1 ST AVE. Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: SATELLITE BEACH, FL 32937 Title: () Delete Title: (X) Change ( ) Addition Name: LITTLE, 761 1ST AVE Name: LITTLE, VICKI Address: 557 S. ORLANDO AVE. Address: 761 1 ST AVE. City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937 Title: () Delete Title: () Change () Addition SEUS, ADRIANNE Name: Name: 2365 OPHELIA LANE Address: Address: City-St-Zip: MELBOUNE, FL 32934 City-St-Zip: Title: DS ( ) Delete Title: () Change () Addition Name: ARLEO, NORMA Name: Address: 410 3RD AVE. Address: City-St-Zip: MELBOURNE BEACH, FL 32951 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: WILLIAM LITTLE P 04/11/2009