

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004122

FILED
Mar 09, 2009
Secretary of State

Entity Name: BREVARD MUSIC AID, INC.

Current Principal Place of Business:

927 EAST NEW HAVEN AVE STE 211
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

927 EAST NEW HAVEN AVE STE 211
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 26-2878098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, HEIKE
41 EMERSON DR NW
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: CLARKE, HEIKE
Address: 41 EMERSON DR NW
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: ROPER, CHARLES V
Address: 1317 PRUM AVE NE
City-St-Zip: PALM BAY, FL 32907

Title: V () Delete
Name: LULEY, SUSAN
Address: 1395 BAYSHORE DR
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:

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: HEIKE CLARKE

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date