

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 23 PM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710274 (2)
1. Corporation Name
THE BREVARD SYMPHONY ORCHESTRA, INC.

Principal Place of Business Mailing Address
1500 HIGHLAND AVENUE 1500 HIGHLAND AVENUE
PO BOX 361965 PO BOX 361965
MELBOURNE FL 32906-1965 MELBOURNE FL 32906-1965

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
01/28/1966 05/01/1994

4. FEI Number Applied For
59-1149727 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SUMAN, CRAIG
2426 CRYSTAL OAKS LANE
MELBOURNE FL 32904

10. Name and Address of New Registered Agent
81 Name RICHARD BEAGLEY
82 Street Address (P.O. Box Number is Not Acceptable) 2540 Palm Lake Drive
83
84 City MERRITT ISLAND FL 85 Zip Code 32952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Richard Beagley* Richard Beagley, Chairman 4/19/95
Signature, typed or printed name of registered agent and, when applicable, (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	UMAN, CRAIG A
STREET ADDRESS	2426 CRYSTAL OAKS LANE
CITY - ST - ZIP	MELBOURNE FL
TITLE	VP
NAME	SMITH, JACK
STREET ADDRESS	1710 FENWAY CIRCLE
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	T
NAME	LAHAM, JAMES S
STREET ADDRESS	320 FORTENBERRY RD
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	S
NAME	GURR, SHEILS M
STREET ADDRESS	1842 S BANANA RIVER DRIVE
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Beagley	
1.3 STREET ADDRESS	2540 Palm Lake Dr.	
1.4 CITY - ST - ZIP	Merritt Island, FL 32952	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dallas Gillespie	
2.3 STREET ADDRESS	432 Tortise View Circle	
2.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	See left	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Polly Williams	
4.3 STREET ADDRESS	118 Woodside Drive	
4.4 CITY - ST - ZIP	Melbourne, FL 32940	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Polly Williams* Polly Williams 4-25-95 (407) 254-7031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #