

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|--|--|
| Principal Place of Business 1500 HIGHLAND AVENUE PO BOX 361865 MELBOURNE FL 32936-1965 | Mailing Address 1500 HIGHLAND AVENUE PO BOX 361865 MELBOURNE FL 32936-1965 |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 01/28/1966 | 3a. Date of Last Report 03/25/1996 |
|--|--|

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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--|--|
| 4. FEI Number 59-1149727 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**BEAGLEY, RICHARD
2540 PALM LAKE DR
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name DALLAS K. GILLESPIE |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 432 Tortise View Circle |
| 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 617.0502, Florida Statutes.

SIGNATURE: **DALLAS K. GILLESPIE** *[Signature]* **4/29/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | CD <input type="checkbox"/> DELETE |
| NAME | BEAGLEY, RICHARD |
| STREET ADDRESS | 3540 PALM LAKE DR |
| CITY-ST-ZIP | MERRITT ISLAND FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | GILLESPIE, DALLAS |
| STREET ADDRESS | 432 TORTISE VIEW CIRCLE |
| CITY-ST-ZIP | SATELLITE BEACH FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE |
| NAME | LAHAM, JAMES S |
| STREET ADDRESS | 320 FORTENBERRY RD |
| CITY-ST-ZIP | MERRITT ISLAND FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | WILLIAMS, POLLY |
| STREET ADDRESS | 118 WOODSIDE DR |
| CITY-ST-ZIP | MELBOURNE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Richard Beagley |
| 1.3 STREET ADDRESS | 3540 Palm Lake Dr. |
| 1.4 CITY-ST-ZIP | Merritt Island, FL 32952 |
| 2.1 TITLE | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Dallas K, Gillespie |
| 2.3 STREET ADDRESS | 432 Tortise View Circle |
| 2.4 CITY-ST-ZIP | Satellite Beach, FL 32937 |
| 3.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Judy Molitor |
| 3.3 STREET ADDRESS | 1171 Indian River Dr. |
| 3.4 CITY-ST-ZIP | Cocoa, FL 32922 |
| 4.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Shirley C. Ericson |
| 4.3 STREET ADDRESS | 3519 Nelson Pl. |
| 4.4 CITY-ST-ZIP | Titusville, FL 32780 |
| 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 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.

SIGNATURE: *[Signature]* **4/16/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019625

CP2E037 (9/96)