

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90224 030 ****70.00

0020140

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710274

1. Corporation Name

BREVARD SYMPHONY ORCHESTRA, INC.

Principal Place of Business

1500 HIGHLAND AVENUE
PO BOX 361965
MELBOURNE FL 32936-1965

Mailing Address

1500 HIGHLAND AVENUE
PO BOX 361965
MELBOURNE FL 32936-1965



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/28/1966

4. FEI Number

59-1149727

Applied For

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

9. Name and Address of Current Registered Agent

GILLESPIE, DALLAS K
432 TORTISE VIEW CIRCLE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

Jerry Allender

82 Street Address (P.O. Box Number is Not Acceptable)

545 Ora Dell Ave.

83

84 City

Titusville

FL

85 Zip Code

32796

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 617.0503, Florida Statutes.

SIGNATURE:

Jerry Allender

4-21-99

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 D DELETE
NAME BEAGLEY, RICHRD
STREET ADDRESS 3540 PALM LAKE DR
CITY-ST-ZIP MERRITT ISLAND FL

TITLE CD DELETE
NAME GILLESPIE, DALLAS K
STREET ADDRESS 432 TORTISE VIEW CIRCLE
CITY-ST-ZIP SATELLITE BEACH FL

TITLE D DELETE
NAME MOLITOR, JUDY
STREET ADDRESS 1171 INDIAN RIVER DR
CITY-ST-ZIP COCOA FL

TITLE SD DELETE
NAME ERICSON, SHIRLEY C
STREET ADDRESS 3519 NELSON PL
CITY-ST-ZIP TITUSVILLE FL

TITLE TD DELETE
NAME BECK, EDWARD
STREET ADDRESS 1901 S HARBOR CITY BLVD, STE 500
CITY-ST-ZIP MELBOURNE FL 32901

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME Allender, Jerry
2.3 STREET ADDRESS 545 Ora Dell Ave.
2.4 CITY-ST-ZIP Titusville FL 32796

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME Marquette, Peggie
4.3 STREET ADDRESS 2800 S. Doresey Place
4.4 CITY-ST-ZIP Melbourne, FL 32901

5.1 TITLE Change Addition
5.2 NAME Heddens, James
5.3 STREET ADDRESS 4547 Helena Dr.
5.4 CITY-ST-ZIP Titusville, FL 32780

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-21-99

407-269-1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)