

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N02000002920

Entity Name: BREVARD WATERCOLOR SOCIETY, INC.

Current Principal Place of Business:

111 OCEAN GARDEN LANE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

1033 JACARANDA CIR
ROCKLEDGE, FL 32955

Current Mailing Address:

PO BOX 361076
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: 59-3760216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SANDRA
111 OCEAN GARDEN LANE
CAPE CANAVERAL, FL 32920 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: PD () Delete
Name: WALTON, LOLLY
Address: 8213 SIMPKINS WAY
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Delete
Name: SADOWSKI, NANCY
Address: 222 IVORY DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD () Delete
Name: WILLIAMS, SANDRA K.
Address: 111 OCEAN GARDEN LANE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP () Delete
Name: NEAL, LINDA
Address: 1993 GUAVA AVE
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: VENEZIANO, CAROL
Address: 3523 OSCEOLA DR
City-St-Zip: MELBOURNE, FL 32901

Title: SD (X) Delete
Name: WARRNICK, MARY
Address: 2225 HWY A1A #710
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NEAL, LINDA
Address: 1993 GUAVA AVE
City-St-Zip: MELBOURNE, FL 32935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HOFFMAN, JOYCE
Address: 1033 JACARANDA CIR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: FRATES, JUDY CHAMPION
Address: 1478 CRANE CREEK BLVD
City-St-Zip: MELBOURNE, FL 32940

Title: SD (X) Change () Addition
Name: CARTER, BONNIE
Address: 7375 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

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: JAMES S LAHAM

CPA

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date