2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: BREVARD SYMPHONY ORCHESTRA, INC.

Current Principal Place of Business:

780 S APOLLO BLVD
SUITE 218
MELBOURNE, FL 32901

Current Mailing Address:

PO BOX 361965
MELBOURNE, FL 32936-1965 US

FEI Number: 59-1149727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BREVARD SYMPHONY ORCHESTRA, INC.
780 S APOLLO BLVD
SUITE 218
MELBOURNE, FL 32901 US

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: DAVID SCHILLHAMMER 04/01/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	BOARD CHAIR
Name	ZIES, PHILIP
Address	PO BOX 361965
City-State-Zip:	MELBOURNE FL 32936-1965

Title	TREASURER
Name	PROCTOR, TRAVIS
Address	PO BOX 361965
City-State-Zip:	MELBOURNE FL 32936-1965

Title	BOARD VICE CHAIR
Name	JOHNSON, NANCY DR.
Address	PO BOX 361965
City-State-Zip:	MELBOURNE FL 32936-1965

Title	BOARD SECRETARY
Name	ALLEN, DOROTHY
Address	PO BOX 361965
City-State-Zip:	MELBOURNE FL 32936-1965

Title	BOARD VICE CHAIR
Name	FORRER, JANET
Address	PO BOX 361965
City-State-Zip:	MELBOURNE FL 32936-1965

Title	CEO
Name	SCHILLHAMMER, DAVID W
Address	PO BOX 361965
City-State-Zip:	MELBOURNE FL 32936-1965

Title	BOARD VICE CHAIR
Name	CALDWELL, DEBBIE
Address	PO BOX 361965
City-State-Zip:	MELBOURNE FL 32936-1965

Title	DIRECTOR
Name	ANDERSON, J. PATRICK
Address	PO BOX 361965
City-State-Zip:	MELBOURNE FL 32936-1965

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: DAVID SCHILLHAMMER EXECUTIVE DIRECTOR 04/01/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANDERSON, ROGER
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name BLANCHARD, GERALDINE
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name CLAYBORNE, YVONNE
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name GUIROLA, PEDRO
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name HUGHES, TESS
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name JONES FRANCEY, DARCIA
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name KORCZYNSKI, SASHA
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name MCALPINE, CHRISTOPHER
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name NORMILE, HUGH
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name REEVE, CAROL
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name APELGREN, CHRISTINA
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name BRUSH, ANN-MARIE
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name FANELLI, ALFREDO DR.
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name HART, LAURI
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name JOBSON, JOANNA
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name KITCHEL, MARILYN
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name LAMB, ROBERT DR.
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name NASH, CHARLES
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name RAMIREZ, ALEXIES DR.
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name MCAPLINE, LISA
Address PO BOX 361965
City-State-Zip: MELBOURNE FL 32936-1965

Title DIRECTOR
Name WIESELER, JASON DR.
Address PO BOX 361965

Name	SIMONS, REBECCA	City-State-Zip:	MELBOURNE FL 32936-1965
Address	PO BOX 361965		
City-State-Zip:	MELBOURNE FL 32936-1965		