

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710274

**FILED**  
**Apr 01, 2024**  
**Secretary of State**  
**0850947587CC**

**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 BOARD VICE CHAIR  
Name FORRER, JANET  
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 CEO  
Name SCHILLHAMMER, DAVID W  
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 VICE CHAIR  
Name CALDWELL, DEBBIE  
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 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

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