

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710274

**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:** FRAN DELISLE

01/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title BOARD CHAIR ELECT  
Name SMITH, KEVIN  
Address PO BOX 361965  
City-State-Zip: MELBOURNE FL 32936-1965

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

*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

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date