

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16181 (2)**

1. Corporation Name
NORTH BREVARD SENIOR CENTER, INC.



Principal Place of Business: **909 LANE AVE. TITUSVILLE FL 32780**
Mailing Address: **909 LANE AVE. TITUSVILLE FL 32780**

3. Date Incorporated or Qualified: **08/04/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-2699483**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LAYTON, HARRY S.
1480 BARNA AVENUE
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAMAR, ARTHUR H	
STREET ADDRESS	1337 C CHENEY HWY.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HILLA, LEO	
STREET ADDRESS	1517 WALL ST.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DAUGHERTY, ESTELLA	
STREET ADDRESS	4330 LONGBOW	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANSEN, VERN	
STREET ADDRESS	1511 BELL TERRACE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FIGUEREDO, HECTOR	
STREET ADDRESS	1416 LARK DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GOODE, ALBERTA	
STREET ADDRESS	2712 SHERWOOD DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hilla, Leo	
1.3 STREET ADDRESS	1517 Wall Drive	
1.4 CITY-ST-ZIP	Titusville, Fla 32780	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Daugherty, Estella	
2.3 STREET ADDRESS	4330 Longbow Drive	
2.4 CITY-ST-ZIP	Titusville, Fla 32796	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sonnellitter, John	
3.3 STREET ADDRESS	1874 Crane Creek Blvd.	
3.4 CITY-ST-ZIP	Viera, Fla 32940-6789	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	No Change	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Helene Gaw	
5.3 STREET ADDRESS	1890 Knox McRae Dr @212	
5.4 CITY-ST-ZIP	Titusville, Fla 32780	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	No Change	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: John Sonnellitter JOHN SONNELITTER Date: 3/7/96 Telephone #: 407/268-2333

CR2E037 (12/95)