

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90135 034 ****61.25

0015231

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N16181

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/04/1986

4. FEI Number

59-2699483

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD NAME WILSON, GEORGE G. STREET ADDRESS 2650 BOBCAT TRAIL CITY-ST-ZIP TITUSVILLE FL [X] DELETE

TITLE VD NAME LAWING, DEAN STREET ADDRESS 3545 BELL LARGO WAY CITY-ST-ZIP TITUSVILLE FL 32780 [] DELETE

TITLE TD NAME WILSON, GORDON H. STREET ADDRESS 3645 BARNA AVE., #1F CITY-ST-ZIP TITUSVILLE FL [] DELETE

TITLE SD NAME JANSEN, VERN STREET ADDRESS 1511 BELL TERRACE CITY-ST-ZIP TITUSVILLE FL [] DELETE

TITLE VD NAME WREGGLESWORTH, JOHN W STREET ADDRESS 2230 VISTA TERRACE CITY-ST-ZIP TITUSVILLE FL 32796 [X] DELETE

TITLE [] DELETE NAME [] DELETE STREET ADDRESS [] DELETE CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD [] Change [X] Addition NAME SHIRLEY MILLER, SHIRLEY 1.2 NAME STREET ADDRESS 4042 MT. VERNON AVE 1.3 STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 1.4 CITY-ST-ZIP

2.1 TITLE PD [X] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE VD [] Change [X] Addition 5.2 NAME ESTELLA DAUGHERTY, ESTELLA 5.3 STREET ADDRESS 4330 LOMBOW DR. 5.4 CITY-ST-ZIP TITUSVILLE, FL 32796

6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] JAIRED 5 JAN 99 407-383-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)