

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90040 030 \*\*\*\*61.25

**DOCUMENT # N16181**

1. Entity Name

**NORTH BREVARD SENIOR CENTER, INC.**

Principal Place of Business

Mailing Address

909 LANE AVE.  
 TITUSVILLE FL 32780

909 LANE AVE.  
 TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2699483**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAYTON, HARRY S.  
 1480 BARNA AVENUE  
 TITUSVILLE FL 32780

Name **VERN JANSSEN**

Street Address (P.O. Box Number is Not Acceptable)  
**1511 BELL TERRACE**

City **Titusville**

FL

Zip Code  
**32780**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **HALL, GEORGE**  
 STREET ADDRESS **6150 BARNA AVE**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **PRESIDENT**  Change  Addition  
 NAME **EUGENE BURDEN**  
 STREET ADDRESS **481 N. WASHINGTON AVE**  
 CITY-ST-ZIP **Titusville FL 32796**

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

TITLE **TREASURER**  Change  Addition  
 NAME **JOE MANGINO**  
 STREET ADDRESS **4810 WINCHESTER DR**  
 CITY-ST-ZIP **Titusville FL 32780**

TITLE **VD**  Delete  
 NAME **DAUGHERTY, ESTELLA**  
 STREET ADDRESS **4330 LONGBON DR**  
 CITY-ST-ZIP **TITUSVILLE FL 32798**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **KUSTERER, RACHEL**  
 STREET ADDRESS **4110 MCCULLOUGH RD.**  
 CITY-ST-ZIP **MIMS FL 32754**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rachel Kusterer* **Rachel Kusterer** **2-25-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE037 (9/01)

Attachment

**North Brevard Senior Center, Inc.**

909 Lane Avenue  
Titusville, FL 32780

Phone: 268-2333  
Fax: 268-3647

24098  
NORTH BREVARD SENIOR CENTER



April 9, 2002

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Subject: North Brevard Senior Center, Inc.

Reference Number: N16181

Dear Sir or Madam:

Please be advised that Mr. Vern Jansen will be the new registered agent for the North Brevard Senior Center.

If you have additional questions or need further assistance Mr. Vern Jansen can be reached at 321-267-0360.

Sincerely,

Rachel Kusterer  
Secretary NBSC