
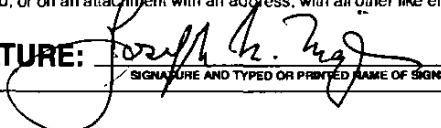


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90142 033 ****70.00

| | | | | | |
|---|--------------------------|--|--|---|--|
| DOCUMENT # N16181 | | | |  | |
| 1. Entity 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 | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LANDMANN, WALTER 1287 LITTLE OAK CIR TITUSVILLE, FL 32780 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANGINO, JOE | | NAME | | |
| STREET ADDRESS | 4810 WINCHESTER DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAUGHERTY, ESTELLA | | NAME | | |
| STREET ADDRESS | 4330 LONGBON DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE, FL 32796 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KUSTERER, RACHEL | | NAME | | |
| STREET ADDRESS | 4110 MCCULLOUGH RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIMS, FL 32754 | | CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KELLY, JENAY | | NAME | George Van Staden | |
| STREET ADDRESS | 1025 S CARPENTER RD | | STREET ADDRESS | 3608 Travis Pl. | |
| CITY-ST-ZIP | TITUSVILLE, FL 327962921 | | CITY-ST-ZIP | Titusville FL 32780-5342 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | (Treasurer) Joseph M. Mangino | | 8/23/5 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |
| | | | | 321-269-6295 | |

50063668



08242005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2699483 Applied For Not Applicable

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

FL

Zip Code

321-269-6295