
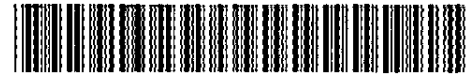


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N16181 1. Entity Name NORTH BREVARD SENIOR CENTER, INC.	
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Principal Place of Business 909 LANE AVE. TITUSVILLE FL 32780	Mailing Address 909 LANE AVE. TITUSVILLE FL 32780
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 59-2699483
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1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent LANDMANN, WALTER 1287 LITTLE OAK CIR TITUSVILLE FL 32780	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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
Due By May 1, 2006

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	TD MANGINO, JOE <input type="checkbox"/> Delete
NAME	4810 WINCHESTER DR
STREET ADDRESS	TITUSVILLE FL 32780
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete
NAME	DAUGHERTY, ESTELLA
STREET ADDRESS	4330 LONGBON DR
CITY-ST-ZIP	TITUSVILLE FL 32796
TITLE	SD <input type="checkbox"/> Delete
NAME	KUSTERER, RACHEL
STREET ADDRESS	4110 MCCULLOUGH RD.
CITY-ST-ZIP	MIMS FL 32754
TITLE	PD <input type="checkbox"/> Delete
NAME	VAN STADEN, GEORGE
STREET ADDRESS	3608 TRAVIS PL
CITY-ST-ZIP	TITUSVILLE FL 32780-5342
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000401416
02/02/06-80041-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.