

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16181

FILED
Mar 18, 2009
Secretary of State

Entity Name: NORTH BREVARD SENIOR CENTER, INC.

Current Principal Place of Business:

909 LANE AVE.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

909 LANE AVE.
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-2699483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LANDMANN, WALTER
1287 LITTLE OAK CIR
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: WALTER LANDMANN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MANGINO, JOE
Address: 4810 WINCHESTER DR
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: DAUGHERTY, ESTELLA
Address: 4330 LONGBON DR
City-St-Zip: TITUSVILLE, FL 32796

Title: SD () Delete
Name: KUSTERER, RACHEL
Address: 4110 MCCULLOUGH RD.
City-St-Zip: MIMS, FL 32754

Title: PD () Delete
Name: VAN STADEN, GEORGE
Address: 3608 TRAVIS PL
City-St-Zip: TITUSVILLE, FL 327805342

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MANGINO, JOE
Address: 4810 WINCHESTER DR
City-St-Zip: TITUSVILLE, FL 32780

Title: VD (X) Change () Addition
Name: HALL, GEORGE
Address: 6150 BARNA
City-St-Zip: TITUSVILLE, FL 32780

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: FLEMING, WILLIAM
Address: 3739 SAWGRASS DR.
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. MANGINO

VD

03/18/2009

Electronic Signature of Signing Officer or Director

Date