SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:16

DOCUMENT # **764409** **(9)**

1. Corporation Name

GENEALOGICAL SOCIETY OF NORTH BREVARD, INC.

Principal Place of Business	Mailing Address
6208 WINDOVER WAY TITUSVILLE FL 32780	6208 WINDOVER WAY TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1982
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2105546 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIECK, NANCY C.
6208 WINDOVER WAY
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	COOPER, JAMES	12 NAME	
STREET ADDRESS	2000 AUGUSTINE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	32796
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	HOFFMAN, MELISSA	22 NAME	S Eggers, Rena
STREET ADDRESS	5100 KIRKWOOD TRAIL	23 STREET ADDRESS	515 Melissa Dr
CITY-ST-ZIP	TITUSVILLE FL	24 CITY-ST-ZIP	Titusville, Fl. 32780
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	CONN, ANN	32 NAME	
STREET ADDRESS	1120-A CHENEY HWY	33 STREET ADDRESS	1415 Bell Terrace
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP	32780
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	MIZELL, VIVIAN	42 NAME	Reed, Mary L
STREET ADDRESS	6070 WINDOVER WAY	43 STREET ADDRESS	2130 Alexander Dr.
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP	Titusville, Fl 32796
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mary L. Reed Mary L. Reed 6/6/95 407-267-8560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004023