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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 764409 (9)
1. Corporation Name
GENEALOGICAL SOCIETY OF NORTH BREVARD, INC.

Principal Place of Business

6208 WINDOVER WAY
TITUSVILLE FL 32780

Mailing Address

6208 WINDOVER WAY
TITUSVILLE FL 32780-74103. Date Incorporated or Qualified
08/03/19823a. Date of Last Report
01/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2105546Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIECK, NANCY C.
6208 WINDOVER WAY
TITUSVILLE FL 32780

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME COOPER, JAMES
STREET ADDRESS 2000 AUGUSTINE DRIVE
CITY-ST-ZIP TITUSVILLE FLTITLE S ☐ DELETE
NAME EGGERS, REVA
STREET ADDRESS 5115 MELISSA DR
CITY-ST-ZIP TITUSVILLE FLTITLE VD ☒ DELETE
NAME CONN, ANN
STREET ADDRESS 1415 BELL TERRACE
CITY-ST-ZIP TITUSVILLE FLTITLE TD ☐ DELETE
NAME REED, MARY L
STREET ADDRESS 2130 ALEXANDER DR
CITY-ST-ZIP TITUSVILLE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Sieck, Nancy C
1.3 STREET ADDRESS 6208 Windover Way
1.4 CITY-ST-ZIP Titusville, FL 327802.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME Shafer, Lorene
3.3 STREET ADDRESS 190 E. Olmstead Dr., F-6
3.4 CITY-ST-ZIP Titusville, FL 327964.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015118

CR2E037 (9/96)