

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 764409**

1. Entity Name

GENEALOGICAL SOCIETY OF NORTH BREVARD, INC.**FILED**
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90006 046 ****61.25

001173

Principal Place of Business

**6208 WINDOVER WAY
TITUSVILLE FL 32780**

Mailing Address

**6208 WINDOVER WAY
TITUSVILLE FL 32780**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2105546**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SIECK, NANCY C.
6208 WINDOVER WAY
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

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HILL, RANDALL**
STREET ADDRESS **1295 KILLEARN DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE **S** ☐ Delete
NAME **NOFFEL, MARTHA**
STREET ADDRESS **5630 BOBWHITE TRAIL**
CITY-ST-ZIP **MIMS FL 32754**TITLE **VD** ☐ Delete
NAME **DORAN, DOROTHY C**
STREET ADDRESS **2271 SARAZEN CT.**
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE **TD** ☐ Delete
NAME **REED, MARY L**
STREET ADDRESS **2130 ALEXANDER DR**
CITY-ST-ZIP **TITUSVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **TD / ELIZABETH**
STREET ADDRESS **HILL, RANDALL J**
CITY-ST-ZIP **1295 KILLEARN DRIVE
TITUSVILLE, FL 32780**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

RANDALL J. HILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/15/2002 (407) 736-5348**
Date Daytime Phone #

CR2E037 (9/01)