


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90271 037 \*\*\*\*70.00

<b>DOCUMENT # 764409</b>	
1. Entity Name <b>GENEALOGICAL SOCIETY OF NORTH BREVARD, INC.</b>	

Principal Place of Business <b>6990 HINSDALE DR VIERA, FL 32940</b>	Mailing Address <b>PO BOX 897 TITUSVILLE, FL 32781</b>
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4000



04172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>59-2105546</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SIECK, NANCY C. 6990 HINDALE DR MELBOURNE, FL 32940</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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. 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

**Filing Fee Is \$61.25  
Due by May 1, 2007**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOWERS, PATRICK</b>			NAME			
STREET ADDRESS	<b>685 NARANJA AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>COCOA, FL 32927</b>			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NOFFEL, MARTHA</b>			NAME			
STREET ADDRESS	<b>5630 BOBWHITE TRAIL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIMS, FL 32754</b>			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FAIREY, CHRIS</b>			NAME			
STREET ADDRESS	<b>2920 LAS PALMAS DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NEDIMYER, DOLORES</b>			NAME	<b>EILERS CAROL</b>		
STREET ADDRESS	<b>868 HUNTER PARK PL</b>			STREET ADDRESS	<b>2352 ARMOUR COURT</b>		
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>			CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Chris Fairey **CHRIS FAIREY TREASURER** 4/19/07 321-269-1955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #