

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764409

FILED  
Aug 26, 2009  
Secretary of State

**Entity Name:** GENEALOGICAL SOCIETY OF NORTH BREVARD, INC.

**Current Principal Place of Business:**

6990 HINSDALE DR  
VIERA, FL 32940

**New Principal Place of Business:**

671 N DIXIE AVE  
LOT 23  
TITUSVILLE, FL 32796

**Current Mailing Address:**

PO BOX 897  
TITUSVILLE, FL 32781

**New Mailing Address:**

**FEI Number:** 59-2105546      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

SIECK, NANCY C.  
6990 HINDALE DR  
MELBOURNE, FL 32940      US

**Name and Address of New Registered Agent:**

PALMER, JACQUELINE L  
671 N DIXIE AVE LOT 23  
TITUSVILLE, FL 32896      US

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: JACQUELINE L. PALMER

08/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BOWERS, PATRICK  
Address: 685 NARANJA AVE.  
City-St-Zip: COCOA, FL 32927

Title: VD      ( ) Delete  
Name: NOFFEL, MARTHA  
Address: 5630 BOBWHITE TRAIL  
City-St-Zip: MIMS, FL 32754

Title: TD      ( ) Delete  
Name: PALMER, JACQUELINE  
Address: 671 N. DIXIE AVE. LOT 23  
City-St-Zip: TITUSVILLE, FL 32796

Title: SD      ( ) Delete  
Name: EILERS, CAROL  
Address: 2352 ARMOUR COURT  
City-St-Zip: TITUSVILLE, FL 32780

Title: HIST      ( ) Delete  
Name: MALONEY, BARBARA  
Address: 1481 US LOT 103  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: JACQUELINE L PALMER

MRS

08/26/2009

Electronic Signature of Signing Officer or Director

Date