

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764409

FILED  
Apr 13, 2011  
Secretary of State

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

**Current Principal Place of Business:**

671 N DIXIE AVE  
LOT 23  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

5630 BOBWHITE TRAIL  
MIMS, FL 32754

**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 (X)**

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

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

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

MARTHA, NOFFEL R  
5630 BOBWHITE TRAIL  
MIMS, FL 32754 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: MARTHA R. NOFFEL

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NOFFEL, MARTHA  
Address: 5630 BOBWHITE TRAIL  
City-St-Zip: MIMS, FL 32754

Title: VD  
Name: SWAN, EDWARD  
Address: 257 HARMONY LANE  
City-St-Zip: TITUSVILLE, FL 32780

Title: T  
Name: JOHNSON, GEORGE  
Address: 2618 QUAIL TRAIL  
City-St-Zip: TITUSVILLE, FL 32780

Title: S  
Name: MACRAE, BEVERLY  
Address: 4260 PIEDRAS STREET  
City-St-Zip: COCOA, FL 32780

Title: HIST  
Name: MALONEY, BARBARA  
Address: 1481 US HWY #1, LOT 103  
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

SIGNATURE: MARTHA R. NOFFEL

PD

04/13/2011

Electronic Signature of Signing Officer or Director

Date