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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 13, 2003 8:00 am § Secretary of State **DOCUMENT # 764409** 1. Entity Name 01-13-2003 90647 041 ****61.25 GENEALOGICAL SOCIETY OF NORTH BREVARD, INC. Principal Place of Business Mailing Address 6208 WINDOVER WAY 6208 WINDOVER WAY TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2105546 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIECK, NANCY C. Street Address (P.O. Box Number is Not Acceptable) 6208 WINDOVER WAY TITUSVILLE FL 32780 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HILL RANDALL NAME 1295 KILLEARN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NOFFEL, MARTHA NAME STREET ADDRESS 5630 BOBWHITE TRAIL STREET ADDRESS CITY-ST-ZIP MIMS FL 32754 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME DORAN, DOROTHY C Addition STREET ADDRESS 2271 SARAZEN CT. STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HILL, ELIZABETH BOWERS, PATRICK H 485 NARANJA AVE STREET ADDRESS 1295 KILLEARN DRIVE STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP COCOA, FL 34947 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Patrick % Bo

321-636-3089