

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764409

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

**Current Principal Place of Business:**

5630 BOBWHITE TRAIL  
MIMS, FL 32754

**Current Mailing Address:**

PO BOX 897  
TITUSVILLE, FL 32781

**FEI Number:** 59-2105546

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title T  
Name NOFFEL, MARTHA R.  
Address 5630 BOB WHITE TRAIL  
City-State-Zip: MIMS FL 32754

Title S  
Name MACRAE, BEVERLY  
Address 4260 PIEDRAS STREET  
City-State-Zip: COCOA FL 32927

Title HIST  
Name GREEN, CARL  
Address 4415 GRAY AVENUE  
City-State-Zip: TITUSVILLE FL 32780

Title VICE PRESIDENT  
Name BALL, FRED  
Address 206 SO. HOPKINS AVE  
City-State-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

**TREASURER**

**03/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date