

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16181

**FILED**  
**Jan 17, 2014**  
**Secretary of State**  
**CC0823939752**

**Entity Name:** NORTH BREVARD SENIOR CENTER, INC.

**Current Principal Place of Business:**

909 LANE AVE.  
TITUSVILLE, FL 32780

**Current Mailing Address:**

909 LANE AVE.  
TITUSVILLE, FL 32780

**FEI Number:** 59-2699483

**Certificate of Status Desired:** Yes

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

SIMOES, JEAN E  
1530 LAFAYETTE AVENUE  
TITUSVILLE, FL 32796 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:** JEAN E. SIMOES

01/17/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name VYCITAL, HAROLD D  
Address 2960 JACARANDA  
City-State-Zip: TITUSVILLE FL 32780

Title VP  
Name KUNDE, DOROTHY  
Address 2194 HERITAGE DRIVE  
City-State-Zip: TITUSVILLE FL 32780

Title VP  
Name KUSTERER, RACHAEL  
Address 4110 MCCULLOUGH ROAD  
City-State-Zip: MIMS FL 32754

Title SECRETARY  
Name CLAYTON, MARSHA  
Address 341 SAN MATEO BLVD  
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER  
Name SIMOES, JEAN E  
Address 1530 LAFAYETTE AVENUE  
City-State-Zip: TITUSVILLE FL 32796

*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:** JEAN E. SIMOES

**TREASURER**

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date