

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16181

**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:**

MCLAUGHLIN, JOHN  
844 CRESTWOOD AVE  
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:** JOHN MCLAUGHLIN

01/21/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MAZZOTTO, FERREL M  
Address 2946 NICHOLSON ST  
City-State-Zip: TITUSVILLE FL 32780

Title VD  
Name KUNDE, DOROTHY  
Address 4445 SHERWOOD FOREST DRIVE  
City-State-Zip: TITUSVILLE FL 32796

Title SD  
Name SIMKINS, CATHERINE  
Address 3525 SABLE PALM LANE  
City-State-Zip: TITUSVILLE FL 32780

Title VD  
Name PHILLIPS, FRED  
Address 3560 GLORIDA AVE  
City-State-Zip: MIMS FL 32754

Title TD  
Name MCLAUGHLIN, JOHN  
Address 131 MCNEELA DRIVE  
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:** JOHN MCLAUGHLIN

**TREASURER**

01/21/2013

Electronic Signature of Signing Officer/Director Detail

Date