

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16181

**FILED**  
**Jan 25, 2019**  
**Secretary of State**  
**7429413756CC**

**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:**

FARRELL, ANNE E  
909 LANE AVE  
TITUSVILLE, FL 32780 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:** ANNE E. FARRELL

01/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BOSWELL, BARBARA S  
Address 909 LANE AVE.  
City-State-Zip: TITUSVILLE FL 32780

Title VP  
Name CLAYTON, MARSHA  
Address 909 LANE AVE  
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER  
Name LONG, EARL RICHARD  
Address 909 LANE AVE  
City-State-Zip: TITUSVILLE FL 32780

Title PRESIDENT  
Name HOSTLER, WILLIAM F  
Address 909 LANE 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:** WILLIAM F HOSTLER

**PRESIDENT**

01/25/2019

Electronic Signature of Signing Officer/Director Detail

Date