

**2023 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 US

**FEI Number:** 59-2699483

**Certificate of Status Desired:** Yes

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

MCMULLIN, CATHERINE  
3270 HEIDER ROAD  
TITUSVILLE, FL 32796-1557 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 VP  
Name WILLIAMS, DAN  
Address 3075 ROSEMARIE DRIVE  
City-State-Zip: TITUSVILLE FL 32796

Title TREASURER  
Name MCMULLIN, CATHERINE M  
Address 3270 HEIDER ROAD  
City-State-Zip: TITUSVILLE FL 32796-1557

Title PRESIDENT  
Name WILLIAMS, ROBERT D  
Address 3075 ROSEMARIE DR  
City-State-Zip: TITUSVILLE FL 32796-2320

Title S  
Name ENGELBECK, JOANNE  
Address 475 MAPLE PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title VP  
Name JAMES, ANITA  
Address 3201 KILBEE ST  
City-State-Zip: MIMS FL 32754

*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:** CATHERINE MCMULLIN

**TREASURER**

**05/08/2023**

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

\_\_\_\_\_  
Date