## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1996

DOCUMENT # 743396 (4)								
SOUTH BREVARD SENIORS ASSOCIATION, INC.								
Principal Place	e of Business	Mailing Address	Mailing Address				HOLE BARAL BLOCK	BIDH BIBIN IBBI
618 E. MELB	OURNE AVE.		E. Melbo					
MELBOURNE FL 32901 US		ANE DE SALDRINE X DX 34580 M	X KROLINEXXXXX Melbourne, F		1. 32301			
US		us			3. Date Incorporated or Qualified	3a.	Date of Last	
2 Panainal P	lace of Business	On Malling Address			06/27/1978 4. FEI Number		01/30/19	
2. Principal P	Tace of Business	2a. Mailing Address 26 618 E. Me1	hourne As	VA.	59-1898531			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	DOULTE 11	V .		¥1		Additional
22		27			Certificate of Status Desired	<b>£</b> J		Required
City & Stat	e	City & State  28 Melhourne	Fl.		Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Country	28 Melbourne,	Country		Trust Fund Contribution  8. This corporation has liability for			d to Fees
24	25	29 32901 3	¬			Yes		188.002,
Name and Address of Current Registered Agent					10. Name and Address of New			
¥10VAH	81 Name	Mi <u>ld</u>	lred Huntsinger	, Pre	s.			
	K <b>XAXKS</b> Mildred Hu <b>XDCEXKXXX</b> 645 Dijo		<b>62</b>   Street /	Address	(P.O. Box Number is Not Accepta Dijon Dr.	ble)		
		ne, F1, 32935	83	040	יזמ הסנית			
#1000	HILL MANAGEMENT	10, 71, 02000	84 City				[Ap] 70	- 0-4-
			] ]	Melb	oourne	F		2935
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statem or registered apply, or both, in the State of Florida. Such opening was authorized by the corporation's board of directors. I hereby a						urpose of d	hanging its r	egistered office
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered partit, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and	tte rappicable (NOTE:	Selected Agent signature re	required wh	en renstatina:	DATE	4614	6
12.	OFFICERS AND I	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD			Change	☐ Addition
NAME CIESEL ADDRESS	TAYLOR, JAMES		1.2 NAME		dred Huntsinger	r		
STREET ADDRESS	1816 DODGE CIR., N. MELBOURNE FL		1.3 STREET ADDRESS		Dijon Dr.			
CHY-ST-ZIP TITLE	VD MELBOURNE FL	X DELETE	1.4 CITY - ST - ZIP 2 1 TITLE	Mel	bourne, Fl. 32	935	☐ Change	X Addition
NAME	HUNTSINGER, MILDRED		2 2 NAME	• -	ce Good			45 / 100/1101
STREET ADDRESS	645 DIJON DR.		2 3 STREET ADDRESS		20 Salem Rd.			
CITY - ST - ZIP	MELBOURNE FL		2 4 CITY - ST - ZIP	Mel	bourne, F1, 329	901		
TI*LE	VD	DELETE	3 1 TITLE				Change	☐ Addition
NAME	HEINZ, MARVIN		3 2 NAME					
STREET ADDRESS	10 PEPPER DR.		3.3 STREET ADDRESS					
CITY - ST - ZIP TITLE	MELBOURNE FL SD	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	1			Change	Addition
NAME	MAYER, GAETANA	<u></u>	4 2 NAME				onenge	
STREET ADDRESS	1629 COUNTRY COVE CIR.		4.3 STREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY+ST-ZIP					
TITLE	TD	DELETE	51 TITLE			'	Change	☐ Addition
NAME	LUCE, SHIRLEY		5 2 NAME					
STREET ADDRESS	2265 LAUNCH CT.		5 3 STREET ADDRESS					
CrTY - ST - ZrP	W. MELBOURNE FL	DELETE	54 CITY-ST-ZIP	ļ <u>.</u>			Change	Addition
TITLE NAME	TDA Norwalk, Betty		6 1 TITLE 6.2 NAME				Change	Addition
STREET ADDRESS	77 NEW YORK WAY		6.3 STREET ADDRESS	[				
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP					
44				<u></u>				

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley I. Luce, Treasurer

BIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirly J. Luce Treasurer

1/23/96 407 - 728-1597

CR2E037 (12/95)