FILE NOW: FILING FEE IS $61.25

FILED
Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743396** **(4)**

1. Corporation Name

SOUTH BREVARD SENIORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
618 E. MELBOURNE AVE. MELBOURNE FL 32901 US	618 E MELBOURNE AVE MELBOURNE FL 32901-5505 US

3. Date Incorporated or Qualified: **06/27/1978**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1898531** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUNTSINGER, MILDRED
645 DIJON DR
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 agent, 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: MILDRED HUNTSINGER Mildred Huntsinger DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUNTSINGER, MILDRED		1.2 NAME		
STREET ADDRESS	645 DIJON DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOOD, ALICE		2.2 NAME		
STREET ADDRESS	1120 SALEM RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HEINZ, MARVIN		3.2 NAME	STOIA, ANTHONY	
STREET ADDRESS	10 PEPPER DR.		3.3 STREET ADDRESS	145 NORMANDY PL.	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	MELBOURNE BCH. FL. 32951	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MAYER, GAETANA		4.2 NAME	MAYER, GAYE	
STREET ADDRESS	1629 COUNTRY COVE CIR.		4.3 STREET ADDRESS	1054 SUN FLOWER LN.	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	PALM BAY, FL. 32907	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	LUCE, SHIRLEY		5.2 NAME	NORWALK, BETTY BYERS	
STREET ADDRESS	2265 LAUNCH CT.		5.3 STREET ADDRESS	50 NEW YORK WAY	
CITY-ST-ZIP	W. MELBOURNE FL		5.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	TDA	☒ DELETE	6.1 TITLE	TDA	☒ Change ☐ Addition
NAME	NORWALK, BETTY		6.2 NAME	KRAISEL, HY	
STREET ADDRESS	77 NEW YORK WAY		6.3 STREET ADDRESS	500 PALM SPRINGS BLVD.#209	
CITY-ST-ZIP	ROCKLEDGE FL		6.4 CITY-ST-ZIP	INDIAN HRB.BCH., FL. 32937	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Betty Byers Norwalk BETTY BYERS NORWALK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018439