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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743396**

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/27/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1898531 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: ALICE GOOD
82 Street Address (P.O. Box Number is Not Acceptable): 1120 SALEM RD.
83
84 City: Melbourne FL 85 Zip Code: 32901

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: Alice Good Pres. — DATE: Jan 5, 1999
Signature, typed 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	PD	☑ Change ☐ Addition
NAME	HUNTSINGER, MILDRED		1.2 NAME	GOOD, ALICE	
STREET ADDRESS	645 DIJON DR		1.3 STREET ADDRESS	1120 SALEM RD.	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	MELBOURNE, FL	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	GOOD, ALICE		2.2 NAME	MASSEY, PAUL	
STREET ADDRESS	1120 SALEM RD		2.3 STREET ADDRESS	1290 Cypress Bend Cir	
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-ST-ZIP	melbourne, FL	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOIA, ANTHONY		3.2 NAME		
STREET ADDRESS	145 NORMANDY PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAYER, GAYE		4. 2 NAME		
STREET ADDRESS	1054 SUN FLOWER LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NORWALK, BETTY BYERS		5.2 NAME		
STREET ADDRESS	50 NEW YORK WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CITY-ST-ZIP		
TITLE	TDA	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KRAISEL, HY		6.2 NAME		
STREET ADDRESS	500 PALM SPRINGS BLVD., #209		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Betty Byers SIGNATURE REQUIRED — 1-5-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #