2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90517 005 ****61.25

0015342

DOCUMENT # 743396

1. Entity 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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent

DINHO, ELAINE
2717 N WICKMAN RD STE 3
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name: Alice Good

Street Address (P.O. Box Number is Not Acceptable): 1120 Salem Rd.

City: Melbourne **FL** Zip Code: 32901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MASSEY, PAUL 1290 CYPRESS BEN CR MELBOURNE FL 32934	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Good, Alice 1126 Salem Rd. Melbourne, FL 32901 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEINZ, MARVIN 10 PEPPER DRIVE INDIALANTIC FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HILDA, MAHONEY 2927 GEMINU AVE PALM BAY FL 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHIRLEY, MASSEY 1290 CYPRESS BEND CIRCLE MELBOURNE FL 32934	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Slocum, Bobby 2506 Country Club Rd. Melbourne, FL 32901 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NORWALK, BETTY BYERS 50 NEW YORK WAY ROCKLEDGE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDA KRAISEL, HY 500 PALM SPRINGS BLVD., #209 INDIAN HARBOR BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Winson, Margaret R. 387 Lamplighter Dr. Melbourne, FL 32934 ☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Byers Norwalk Treas 1-17-03 321-454-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, TITLE OR AUTHORITY DATE PHONE NUMBER