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NONPROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

748162

(5)

| SOUTH BREVARD HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address 101 CENTRAL ROAD PO BOX 1064 INDIAN HARBOR BEACH FL 32937 MELBOURNE FL 32902-1064 US | | | | | | | |
|---|---|--------------------------------|------------------|---|---|------------------------------|----------|
| 00 | | | | | 3. Date Incorporated or Qualified 07/23/1979 | 3a. Date of Last 03/05/1 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-2017622 | | Applied For | |
| Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | Certificate of Status Desired | \$8.75 | Not Applicable Additional | |
| 22 | | [27] | | | F66 F | Required | |
| City & Stat | е | City & State | | Election Campaign Financing Trust Fund Contribution | | May Be | |
| Zip | Country | Zip | Cou | intry | 8. This corporation has liability for | | |
| 24 | 26 | 29 | 30 | | Florida Statutes Yes No | | |
| | 9. Name and Address of Curren | nt Registered Agent | | 81 Name | 10. Name and Address of New Re | gistered Agent | |
| DDEE(^! | E, BETTY P. | | | | | | |
| | RIVERSIDE | | | 82 Street Add | dress (P.O. Box Number is Not Acceptat | He) | |
| INDIALANTIC FL 32903 | | | | 83 | | | |
| | | | | 84 City | | FL 85 Zip | Code |
| agent. I a SIGNATURE | on familiar with, and accept the obligi | alfons of, Section 617.0503, F | TE Registere | utes. | poration submits this statement for the pation's board of directors. I hereby accelured when reinstaling) | 20/97 DATE | |
| 12. | ; GFFICERS ANI | D DIRECTORS DELETE | 13. | TI E | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTO | |
| NAME | KJERULFF, GEORGIANA | <u></u> | 1.2 N | Į. | | | |
| STREET ADDRESS | 710 ACACIA AVE. | | 1.3 \$1 | FREET ADDRESS | | | |
| CITY-ST-ZIP | MELBOURNE VILLAGE FL | | _ | TY-ST-ZIP | | | |
| TITLE | ÖS Brown, Betty | | | TLE | • | | Addition |
| NAME STREET ADDRESS | 328 W.PATRICK CIR. | | 2.2 N/ 2.3 S1 | ireet address | | | |
| CITY-ST-ZIP | MELBOURNE FL | | | ITY-ST-ZIP | | | |
| TITLE | DP . | ☐ DELETE | 3.1 Tí | TLE | | ☐ Change | Addition |
| NAME | PREECE, BETTY | | 3.2 N/ | | | | |
| STREET ADDRESS CITY-ST-ZIP | 615 N. RIVERSIDE INDIALANTIC FL | | | TREET ADDRESS ITY - ST - ZIP | | | |
| TITLE | D | ☐ DELETE | 4.1 10 | | | Change | Addition |
| NAME | WAGNER, HESTER | | 4. 2 N | AME | | | |
| STREET ADDRESS | 6885 WARD PARKWAY | | 4.3 ST | reet address | | | |
| CITY-ST-ZIP | MELBOURNE VILLAGE FL | ☐ DELETE | 4.4 CI | TY-ST-ZIP | | Change | Addition |
| NAME | | | 5.1 II | | | L. Criange | noonon |
| STREET ADDRESS | | | 1 | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 C | TY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 Ti | | · | ☐ Change | Addition |
| NAME STORES ADDRESS | | | 6.2 N | 1 | | | |
| STREET ADDRESS CITY-ST-ZIP | | | 1 | TY-ST-ZIP | | | |
| Unit - 01 168 | • | | 불 보이 네 | 11 31 41 1 | | | |

I do hereby certify that the information supplied with this filling 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.

FILED

Jul 23 1997 8:00am

Secretary of State