

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90159 030 ****70.00

DOCUMENT # 748162

1. Entity Name

SOUTH BREVARD HISTORICAL SOCIETY, INC.

726340



DO NOT WRITE IN THIS SPACE

Principal Place of Business 101 CENTRAL ROAD INDIAN HARBOR BEACH FL 32937 US	Mailing Address PO BOX 1064 MELBOURNE FL 32902-1064 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2017622	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PREECE, BETTY P.
615 N. RIVERSIDE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DVP <input type="checkbox"/> Delete
NAME	KJERULFF, GEORGIANA
STREET ADDRESS	710 ACACIA AVE.
CITY-ST-ZIP	MELBOURNE VILLAGE FL
TITLE	DS <input type="checkbox"/> Delete
NAME	BROWN, BETTY
STREET ADDRESS	328 W.PATRICK CIR.
CITY-ST-ZIP	MELBOURNE FL
TITLE	DP <input type="checkbox"/> Delete
NAME	PREECE, BETTY
STREET ADDRESS	615 N. RIVERSIDE
CITY-ST-ZIP	INDIALANTIC FL
TITLE	D <input type="checkbox"/> Delete
NAME	WAGNER, HESTER
STREET ADDRESS	6885 WARD PARKWAY
CITY-ST-ZIP	MELBOURNE VILLAGE FL
TITLE	D <input type="checkbox"/> Delete
NAME	NOYD, ELLEN
STREET ADDRESS	21 W. VIDA WAY
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ck# 17932-241

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 P. Preece* **Betty P. Preece** ^{4/27/00} ³²¹⁻⁷²³⁻⁶⁸³⁵
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)