

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90126 034 ****70.00

DOCUMENT # 748162
 1. Entity Name
 SOUTH BREVARD HISTORICAL SOCIETY, INC.



Principal Place of Business: 101 CENTRAL ROAD, INDIAN HARBOR BEACH FL 32937, US
 Mailing Address: PO BOX 1064, MELBOURNE FL 32902, US

64070111



MOORE CR2E037 (11/03)

2. Principal Place of Business: 801 Dixon Blvd, Suite # 1110, Cocoa FL 32922, USA
 3. Mailing Address: Suite, Apt. #, etc.

4. FEI Number: 59-2017622
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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, State (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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Betty P. Preece*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: *ck # 152*

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE: DS NAME: BROWN, BETTY STREET ADDRESS: 328 W. PATRICK CIR. CITY-ST-ZIP: MELBOURNE FL	<input type="checkbox"/> Delete
TITLE: DP NAME: PREECE, BETTY STREET ADDRESS: 615 N. RIVERSIDE CITY-ST-ZIP: INDIALANTIC FL	<input type="checkbox"/> Delete
TITLE: D NAME: WAGNER, HESTER STREET ADDRESS: 6885 WARD PARKWAY CITY-ST-ZIP: MELBOURNE VILLAGE FL	<input type="checkbox"/> Delete
TITLE: D NAME: NOYD, ELLEN STREET ADDRESS: 21 W. VIDA WAY CITY-ST-ZIP: MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE: D NAME: JOHNSON, PEGGY STREET ADDRESS: 1811 S HICKORY CITY-ST-ZIP: MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* 5/1/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #