

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business: 801 DIXON BLVD #1110, COCOA, FL 32922 US  
 Mailing Address: PO BOX 1064, MELBOURNE, FL 32902 US



02032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re/instating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BROWN, BETTY
STREET ADDRESS	328 W. PATRICK CIR.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	DP
NAME	PREECE, BETTY
STREET ADDRESS	615 N. RIVERSIDE
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	D
NAME	WAGNER, HESTER
STREET ADDRESS	8885 WARD PARKWAY
CITY-ST-ZIP	MELBOURNE VILLAGE, FL
TITLE	D
NAME	NOYD, ELLEN
STREET ADDRESS	21 W. VIDA WAY
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	JOHNSON, PEGGY
STREET ADDRESS	1811 S HICKORY
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000324304  
 04/22/05-80088-021 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 4/18/05 Ch# 161  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #