


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90202 026 ****70.00

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

2. Principal Place of Business
 376 N. Harbor City Blvd

3. Mailing Address

Suite, Apt. #, etc.


City & State
 Melbourne, FL

City & State

Zip
 32935

Country
 US

5700



02062006 Chg-NP CR2E037 (11/05)

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

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 DATE 4/29/06

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

Filing Fee is \$61.25 Due by May 1, 2006

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	DS BROWN, BETTY 328 W.PATRICK CIR. MELBOURNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Ott <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1601 Pine St Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PREECE, BETTY 615 N. RIVERSIDE INDIALANTIC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Andren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 906 S Ramona Ave Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, HESTER 6885 WARD PARKWAY MELBOURNE VILLAGE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbara Arthur <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 750 Mullet Creek Dr Melbourne Beach FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOYD, ELLEN 21 W. VIDA WAY MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PEGGY <input checked="" type="checkbox"/> Delete 1811 S HICKORY MELBOURNE, FL 32901	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"/> Delete	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 exemptions contained in Chapter 119, 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 DATE 4/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CK # 170 (530)