

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748162

FILED
Feb 15, 2012
Secretary of State

Entity Name: SOUTH BREVARD HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

906 SOUTH RAMONA AVENUE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1064
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 59-2017622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDREN, CAROL L
906 SOUTH RAMONA AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ANDREN, CAROL L
Address: 906 SOUTH RAMONA AVENUE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VPD
Name: BERRY, JILL
Address: 974 RIPLEY TERRACE NE
City-St-Zip: PALM BAY, FL 32907 US

Title: TD
Name: HARBAUGH, KATHRYN C
Address: 3150 NORTH HARBOR CITY BLVD #226
City-St-Zip: MELBOURNE, FL 32935 US

Title: SD
Name: WILSON, SANDY
Address: 410 SUNSET BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D
Name: VOSATKA, ED
Address: 1292 LAKEWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

Title: D
Name: FERGUS, JOHN
Address: 135 MAPLE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN C HARBAUGH

TD

02/15/2012

Electronic Signature of Signing Officer or Director

_____ Date