


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90141 040 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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

FILE NOW: FEE IS \$61.25
6/25 275

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	D	<input checked="" type="checkbox"/> Delete
NAME	KEYSER, DOROTHY	
STREET ADDRESS	1645 SENECA	
CITY-ST-ZIP	MELBOURNE FL 32935	
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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PEGGY	
STREET ADDRESS	1811 S HICKORY	
CITY-ST-ZIP	MELBOURNE FL 32901	

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		

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: SIGNATURE REQUIRED *Betty Preece* **23 Apr 2003 321 723 6835**

CR2E037 (10/02)