


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90021 044 \*\*\*\*70.00

<b>DOCUMENT # 763560</b> 1. Entity Name <b>HISTORICAL SOCIETY OF NORTH BREVARD, INCORPORATED</b>					
Principal Place of Business <b>301 S WASHINGTON TITUSVILLE FL 32796 US</b>			Mailing Address <b>P.O. BOX 6199 TITUSVILLE FL 32782</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number	
<b>HARPER, JOAN E 4850 KEY BISCAVNE DR TITUSVILLE FL 32780</b>				<b>59-2231901</b>	
7. Name and Address of New Registered Agent				Applied For <input type="checkbox"/> Not Applicable	
Name Street Address (P.O. Box Number is Not Acceptable) City				State Zip Code	
Name Street Address (P.O. Box Number is Not Acceptable) City				State 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 <u>Joan E. Harper</u> DATE <u>3/21/06</u> <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	NAME STREET ADDRESS CITY - ST - ZIP				
P	<b>MERCKSON, JOE L 2940 JACARANDA TRAIL TITUSVILLE FL 32780</b>				
TD	<b>HARPER, JOAN E 4850 KEY BISCAVNE DR TITUSVILLE FL 32780</b>				
VP	<b>BATCHELDER, BARBARA 1126 LANE AVENUE TITUSVILLE FL 32780</b>				
SD	<b>WILLIAMS, MARTHA 1635 RICE AVE TITUSVILLE FL 32796</b>				
D	<b>RAMER, JOANNE 4096 WOODLAND CT MIMS FL 32754</b>				
D	<b>CARTER, JUNE 440 N DIXIE AVE TITUSVILLE FL 32796</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME STREET ADDRESS CITY - ST - ZIP				
VP	<b>Durian, Helen 3607 Travis Pl. Titusville, FL 32780</b>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Joan E. Harper</u> DATE <u>3/28/06</u> DAYTIME PHONE # <u>321-269-3658</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					