

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763560

FILED
Jan 15, 2009
Secretary of State

Entity Name: HISTORICAL SOCIETY OF NORTH BREVARD, INCORPORATED

Current Principal Place of Business:

301 S WASHINGTON
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5265
TITUSVILLE, FL 32783 52

New Mailing Address:

FEI Number: 59-2231901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KINDLE, EDMUND M
4030 BURKHOLM RD.
MIMS, FL 32754 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: P () Delete
Name: KINDLE, EDMUND M
Address: 4030 BURKHOLM RD
City-St-Zip: MIMS, FL 32754

Title: TD () Delete
Name: HARPER, JOAN E
Address: 4850 KEY BISCAYNE DR
City-St-Zip: TITUSVILLE, FL 32780

Title: VP () Delete
Name: DURIAN, HELEN
Address: 3607 TRAVIS PL
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: BATCHELDER, BARBARA
Address: 1126 LANE AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: DURIAN, CHARLIE
Address: 3607 TRAVIS PL
City-St-Zip: TITUSVILLE, FL 32754

Title: D () Delete
Name: BRASWELL, MARIE
Address: 2753 SHERWOOD DR.
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDMUND M. KINDLE

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date