2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004101

FILED Dec 12, 2006 Secretary of State

Entity Name: NORTH BREVARD HERITAGE FOUNDATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
425 SOUT	CHARD HOUSE 'H WASHINGTON AVE. LE, FL 32796	THE PRITCHARD HOUSE 424 SOUTH WASHINGTON AVE. TITUSVILLE, FL 32796
Current N	lailing Address:	New Mailing Address:
425 SOUT	CHARD HOUSE 'H WASHINGTON AVE. LE, FL 32796	THE PRITCHARD HOUSE P.O. BOX 6603 TITUSVILLE, FL 32782
	ce with s. 607.193(2)(b), F.S., the corporation did	•
	Address of Current Registered Agent:	Name and Address of New Registered Agent:
#306	MARIEL N RIVER AVE LE, FL 32796 US	FOSTER, ROSALIE M PRESIDE 3830 RAMBLING ACRES DR. TITUSVILLE, FL 32796 US
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: ROSALIE FOSTER	12/12/2006
	Electronic Signature of Registered A	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete FOSTER, ROSALIE 3830 RAMBLING ACRES DR. TITUSVILLE, FL 32796	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () Delete WARD, LAURA 5317 RIVEREDGE DR. TITUSVILLE, FL 32780	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete SISSON, MARIEL 525 INDIAN RIVER AVE #306 TITUSVILLE, FL 32796	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete PHILLIPS, POLLY 1742 NORTH SINGLETON AVE TITUSVILLE, FL 32796	Title: () Change () Addition Name: Address: City-St-Zip:
Title:	() Delete	Title: DIR () Change (X) Addition Name: BROTEMARKLE, BENJAMIN Address: 4895 YEW COURT
Name: Address: City-St-Zip:		City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSALIE FOSTER PRES 12/12/2006