

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

000001773240  
-04/09/96--01033--013  
\*\*\*61.25

**DOCUMENT # N28421 (8)**  
1. Corporation Name  
**NORTH BREVARD CHARITIES SHARING CENTER, INC.**



Principal Place of Business Mailing Address  
**4475 S. HOPKINS AVE. TITUSVILLE FL 32780**

3. Date Incorporated or Qualified **09/20/1988** 3a. Date of Last Report **03/15/1995**  
4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

## 9. Name and Address of Current Registered Agent

**TUCKER, CHARLES  
410 INDIAN RIVER AVE  
TITUSVILLE FL 32780**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles Tucker* **CHARLES TUCKER** 2-29-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DEPRUME, JOHN T		1.2 NAME	Ratcliff, Roy	
CITY-ST-ZIP	2930 ELMWOOD CT TITUSVILLE FL		1.3 STREET ADDRESS	2585 Shady Oaks Dr.	
			1.4 CITY-ST-ZIP	Titusville, FL 32796	
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	D-1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	TAYLOR, EVELYN		2.2 NAME	Viera, Liz	
CITY-ST-ZIP	4285 KEY BISCAVNE BLVD TITUSVILLE FL		2.3 STREET ADDRESS	1426 Ferrier Dr.	
			2.4 CITY-ST-ZIP	Titusville FL 32780	
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	O-2nd Vice Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	RATCLIFF, ROY		3.2 NAME	Librizzi, Ernie	
CITY-ST-ZIP	2585 SHADY OAKS DR TITUSVILLE FL		3.3 STREET ADDRESS	2170 Key Lime Dr.	
			3.4 CITY-ST-ZIP	Titusville FL 32780	
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary--Pro Tem	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VP LIBRIZZI, ERNIE		4.2 NAME	Taylor, Evelyn	
CITY-ST-ZIP	2170 KEY LIME DR TITUSVILLE FL		4.3 STREET ADDRESS	4285 Key Biscayne Blvd	
			4.4 CITY-ST-ZIP	Titusville, FL 32796	
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD BENTEMIRE, JUANITA		5.2 NAME	Tucker, Charles	
CITY-ST-ZIP	985 CRISTOBAL DRIVE TITUSVILLE FL 32780		5.3 STREET ADDRESS	410 Indian River Av	
			5.4 CITY-ST-ZIP	Titusville FL 32796	
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE	D- Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	T TUCKER, CHARLES		6.2 NAME	Pobjecky, Richard	
CITY-ST-ZIP	410 INDIAN RIVER AVE TITUSVILLE FL		6.3 STREET ADDRESS	3060 Las Palmas Dr	
			6.4 CITY-ST-ZIP	Titusville FL 32780	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roy Ratcliff* **ROY RATCLIFF** (09-23-96) (407) 269-6555  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)