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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

4475 S. HOPKINS AVE.
TITUSVILLE FL 32780-8661

3. Date Incorporated or Qualified
09/20/1988

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUCKER, CHARLES
410 INDIAN RIVER AVE
TITUSVILLE FL 32780

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	RATCLIFF, ROY	
STREET ADDRESS	2585 SHADY OAKS DR.	
CITY - ST - ZIP	TITUSVILLE FL 32796	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, EVELYN	
STREET ADDRESS	4285 KEY BISCAYNE BLVD	
CITY - ST - ZIP	TITUSVILLE FL 32796	
TITLE	D1VP	<input type="checkbox"/> DELETE
NAME	VIERA, LIZ	
STREET ADDRESS	1426 FERRIER DR.	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	D2VP	<input type="checkbox"/> DELETE
NAME	LIBRIZZI, ERNIE	
STREET ADDRESS	2170 KEY LIME DR	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POBJECKY, RICHARD	
STREET ADDRESS	3060 LAS PALMAS DR.	
CITY - ST - ZIP	TITUSVILLE FL 32780	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TUCKER, CHARLES	
STREET ADDRESS	410 INDIAN RIVER AVE	
CITY - ST - ZIP	TITUSVILLE FL 32796	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY S. RATCLIFF
PRESIDENT

01-15-97

(407) 269-6555

Date

Daytime Phone # 0015029

CR2E037 (9/96)