

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

09/20/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME RATCLIFF, ROY
STREET ADDRESS 2585 SHADY OAKS DR.
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE S ☒ DELETE
NAME TAYLOR, EVELYN
STREET ADDRESS 4285 KEY BISCAYNE BLVD
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE D1VP ☒ DELETE
NAME VIERA, LIZ
STREET ADDRESS 1426 FERRIER DR.
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D2VP ☒ DELETE
NAME LIBRIZZI, ERNIE
STREET ADDRESS 2170 KEY LIME DR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☒ DELETE
NAME POBJECKY, RICHARD
STREET ADDRESS 3060 LAS PALMAS DR.
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE T ☒ DELETE
NAME TUCKER, CHARLES
STREET ADDRESS 410 INDIAN RIVER AVE
CITY-ST-ZIP TITUSVILLE FL 32796

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Ewing, John
1.3 STREET ADDRESS 1190 LaMasa Court
1.4 CITY-ST-ZIP Titusville, FL 32780

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Henry, Cheryl
2.3 STREET ADDRESS 1595 Date Drive
2.4 CITY-ST-ZIP Titusville, FL 32780

3.1 TITLE D1VP ☒ Change ☐ Addition
3.2 NAME Pobjecky, Richard
3.3 STREET ADDRESS 3060 Las Palmas Street
3.4 CITY-ST-ZIP Titusville, FL 32780

4.1 TITLE D2VP ☒ Change ☐ Addition
4.2 NAME Viera, Liz
4.3 STREET ADDRESS 1426 Ferrier Drive
4.4 CITY-ST-ZIP Titusville, FL 32780

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Librizzi, Ernie
5.3 STREET ADDRESS 2170 Key Lime Drive
5.4 CITY-ST-ZIP Titusville, FL 32780

6.1 TITLE T ☒ Change ☐ Addition
6.2 NAME Tucker, Charles
6.3 STREET ADDRESS 410 Indian River Ave.
6.4 CITY-ST-ZIP Titusville, FL 32780

14. I 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

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Oct 13 1998 8:00am
Secretary of State



9/29/98
PE
10.13