

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

06-24-2002 90299 029 ****61.25

DOCUMENT # N28421

1. Entity 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

40267

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EADS, J S
4085 HEMLOCK LN
TITUSVILLE FL 32780

Name

Alden C. Knight

Street Address (P.O. Box Number is Not Acceptable)

1243 Little Oak Circle

City

Titusville

FL

Zip Code

32780

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alden C. Knight

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **TAYLOR, EVELYN R**
 CITY-ST-ZIP **4825 KEY BISCAYNE**
TITUSVILLE FL 32780

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S (D)**
 STREET ADDRESS **BROWN, BARBARA**
 CITY-ST-ZIP **5543 OAK HOLLOW DR**
TITUSVILLE FL 32780

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DR (DIV)**
 STREET ADDRESS **VIERA, LIZ**
 CITY-ST-ZIP **1905 COUNTRY CLUB DR**
TITUSVILLE FL 32780

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **HENRY, CHERYL**
 CITY-ST-ZIP **1595 DATE DR**
TITUSVILLE FL 32780

TITLE ☒ Change ☐ Addition
 NAME **Sandra ALLEN**
 STREET ADDRESS **832 Sycamore St**
 CITY-ST-ZIP **Titusville, FL 32780**
Treasurer
Director

TITLE ☐ Delete
 NAME **DR (DZV)**
 STREET ADDRESS **POBJECKY, RICHARD**
 CITY-ST-ZIP **3060 LAS PALMAS DR.**
TITUSVILLE FL 32780

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **EADS, J S**
 CITY-ST-ZIP **4085 HEMLOCK LN**
TITUSVILLE FL 32780

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Jerrey Steing**
 CITY-ST-ZIP **1140 Sharon Drive**
Titusville, FL 32780

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/29/02

CR2E037 (4/02)