# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2006**
**Secretary of State**

DOCUMENT# N28421

**Entity Name:** NORTH BREVARD CHARITIES SHARING CENTER, INC.

**Current Principal Place of Business:**

4475 S. HOPKINS AVE.
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

4475 S. HOPKINS AVE.
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALMER, NANCY L
4000 THOR AVE
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: 1V/D ( ) Delete
Name: JOHNS, DIANNE
Address: 590 BELLA VISTA DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: TAYLOR, EVELYN
Address: 2221 COUNTRY CLUB DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: 2V/D ( ) Delete
Name: STEINLE, JERRY
Address: 1140 SHARON ST
City-St-Zip: TITUSVILLE, FL 32796

Title: T/D ( ) Delete
Name: METOFF, KEVIN
Address: 2350 N. US 1 HWY1
City-St-Zip: MIMS, FL 32754

Title: S/D ( ) Delete
Name: VIERA, LIZ
Address: 1905 COUNTRY CLUB DR
City-St-Zip: TITUSVILLE, FL 32780

Title: P/D ( ) Delete
Name: POBJECKY, RICHARD
Address: 3060 LAS PALMAS DR
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOE C. ROBINSON ED 02/02/2006

Electronic Signature of Signing Officer or Director — Date