

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28421

FILED  
Apr 16, 2009  
Secretary of State

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: 59-3079635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALMER, NANCY L  
3511 ROYAL OAK DRIVE  
TITUSVILLE, FL 32780 US

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

ROBINSON, JOE C  
5510 BENT OAK DR  
TITUSVILLE, FL 32780 US

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: JOE C. ROBINSON

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: ROBINSON, JOE  
Address: 5510 BENT OAK DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

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

Title: 1V/D ( ) Delete  
Name: STEINLE, JERRY  
Address: 1140 SHARON ST  
City-St-Zip: TITUSVILLE, FL 32796

Title: T/D ( ) Delete  
Name: METOFF, KEVIN  
Address: 5770 N. WICKHAM RD.  
City-St-Zip: MELBOURNE, FL 32940

Title: S/D ( ) Delete  
Name: CARMICHAEL, JANICE  
Address: 2220 MONTICELLO CT.  
City-St-Zip: TITUSVILLE, FL 32780

Title: 2V/D ( ) Delete  
Name: JOHNS, DIANE  
Address: 590 BELLA VISTA DRIVE  
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 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

04/16/2009

Electronic Signature of Signing Officer or Director

Date