2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 29, 2003 8:00 am
Secretary of State
08-18-2003 90167 018 ****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

☐ CHECK HERE IF MAKING CHANGES

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

~~KNIGHT, ALDEN C~~
~~1249 LITTLE OAK CIRCLE~~
TITUSVILLE FL 32780

Nancy L. Palmer
4000 Thor AVE
Titusville, FL 32780

7. Name and Address of New Registered Agent

Name: Nancy L. Palmer
Street Address (P.O. Box Number is Not Acceptable): 4000 Thor AVE
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: Nancy L. Palmer — Nancy L. Palmer — 8/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAYLOR, EVELYN R 4825 KEY BISCAYNE TITUSVILLE FL 32780	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Pobjecky, Richard 3060 LAS PALMAS Dr. Titusville, FL 32780	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWN, BARBARA 5543 OAK HOLLOW DR TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IVP VIERA, LIZ 1905 Country Club Dr. Titusville, FL 32780	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D1V VIERA, LIZ 1905 COUNTRY CLUB DR TITUSVILLE FL 32780	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP Jerry Steinlg 1140 Sharon Dr. Titusville, FL 32796	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLEN, SANDRA 832 SYCAMORE STREET TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Dianne Johns 590 Bella Vista Drive Titusville, FL 32780	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D2V POBJECKY, RICHARD 3060 LAS PALMAS DR. TITUSVILLE FL 32780	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEINLG, JERRY 1140 SHARON DRIVE TITUSVILLE FL 32780	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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: Richard Pobjecky — 8/14/03 — (321) 269-65[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Pobjecky, President