

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004228

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** THE FLORIDA HISTORICAL LIBRARY FOUNDATION, INC.

**Current Principal Place of Business:**

435 BREVARD AVE  
COCOA, FL 32922 US

**New Principal Place of Business:**

**Current Mailing Address:**

435 BREVARD AVE  
COCOA, FL 32922 US

**New Mailing Address:**

**FEI Number:** 59-3400483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROTEMARKLE, BEN DR.  
435 BREVARD AVE  
COCOA, FL 32922 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:** P  
**Name:** SPEARMAN, DELORES CO CHR  
**Address:** 51 RIDGE COURT  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** P  
**Name:** BRAGDON, FLO CO CHR  
**Address:** 1610 YATES DRIVE  
**City-St-Zip:** MERRITT ISLAND, FL 32952

**Title:** D  
**Name:** WEST, BARBARA  
**Address:** 403 ROCKLEDGE DRIVE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** ED  
**Name:** BROTEMARKLE, BEN  
**Address:** 4895 YEW CT  
**City-St-Zip:** TITUSVILLE, FL 32796

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA WEST

D

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date