

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748162

Entity Name: SOUTH BREVARD HISTORICAL SOCIETY, INC.**Current Principal Place of Business:**906 S. RAMONA AVE.
INDIALANTIC, FL 32903**Current Mailing Address:**PO BOX 1064
MELBOURNE, FL 32902 US**FEI Number:** 59-2017622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDREN, CAROL LEE
906 S. RAMONA AVE.
INDIALANTIC, FL 32903 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:** CAROL LEE ANDREN

02/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ANDREN, CAROL LEE
Address 906 SOUTH RAMONA AVENUE
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name HARBAUGH, KATHRYN C
Address 478 PRESTWICK CT
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY
Name ARTHUR, BARBARA
Address 750 OLD FLORIDA TRAIL
City-State-Zip: MELBOURNE BEACH FL 32951

Title DIRECTOR, VP
Name ELLIOTT, WILEY H JR.
Address 3380 FLORIDA PALM AVE
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name POULOS, JIM
Address 5055 PALM DRIVE
City-State-Zip: MELBOURNE BEACH FL 32951

Title TREASURER
Name FULL, ANNITA
Address 2478 LAKES OF MELBOURNE
City-State-Zip: MELBOURNE FL 32904

Title DIRECTOR
Name BOZEMAN, DENISE
Address 320 FIRST AVE.
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name FLOTTE, ANN RALEY
Address 2333 ST ANREWS CIRCLE
City-State-Zip: MELBOURNE FL 32901

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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: ANNITA FULL**TREASURER**

02/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COLLINS, MARTHA
Address	2109 PENNWOOD DR
City-State-Zip:	MELBOURNE FL 32901