2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2025
Secretary of State
4757698779CC

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 01/29/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	VP
Name	ARTHUR, BARBARA
Address	750 OLD FLORIDA TRAIL
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	FLOTTE, ANN RALEY
Address	2333 ST ANREWS CIRCLE
City-State-Zip:	MELBOURNE FL 32901

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

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

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

Title	DIRECTOR
Name	AMBROSE, MARION
Address	1262 CIMMARON CIRCLE NE
City-State-Zip:	PALM BAY FL 32905

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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 01/29/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WHITCOMB, KATHLEEN
Address	1391 INDIAN OAKS DR
City-State-Zip:	MELBOURNE FL 32901