

**2022 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

03/30/2022

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

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

Title            DIRECTOR  
Name            NEWMAN, DIANE  
Address        2638 VINING STREET  
City-State-Zip: WEST MELBOURNE FL 32904

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

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

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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**

03/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DILLEN, RICK  
Address        1403 PINEAPPLE AVE  
City-State-Zip: MELBOURNE FL 32935

Title           DIRECTOR  
Name           STEWART, JANIE  
Address        417 SECOND AVE  
City-State-Zip: MELBOURNE BEACH FL 32951