

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748162

FILED
Feb 16, 2017
Secretary of State
CC9603533440

Entity Name: SOUTH BREVARD HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

4231 TURTLE MOUND RD.
MELBOURNE, FL 32934

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:

JENNINGS, DONALD L
4231 TURTLE MOUND RD.
MELBOURNE, FL 32934 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: DONALD L JENNINGS

02/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name NICOLAY, HUGH
Address 582 ACACIA AVE
City-State-Zip: MELBOURNE VILLAGE FL 32904-2502

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

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

Title DIRECTOR
Name FLOTTE, KEITH N
Address 2333 ST ANDREWS CIR
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY
Name GROUT, NANCY
Address 510 N RIVER OAKS DR
City-State-Zip: INDIALANTIC FL 32903

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

Title VP
Name FABIAN, PATTY
Address 4805 CHESTERFIELD LANE
City-State-Zip: MELBOURNE FL 32934

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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: DONALD JENNINGS

PRESIDENT

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FREDRICKSON, DOLORES J
Address 414 S RIVERSIDE DR
City-State-Zip: INDIALANTIC FL 32903

Title PRESIDENT
Name JENNINGS, DONALD L
Address 4231 TURTLE MOUND RD
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name BAILEY, L. SUE
Address 1309 CYPRESS BEND CIRCLE
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name BARILE, DIANE D
Address 1809 RIVERVIEW DR
UNIT # 3
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR
Name MOODY, STEPHANIE
Address 450 OAKLAND AVE.
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name MACMAKIN, JEFF
Address P.O. BOX 110365
City-State-Zip: PALM BAY FL 32911