

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748162

**FILED**  
**Feb 04, 2013**  
**Secretary of State**  
**CC622223066**

**Entity Name:** SOUTH BREVARD HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

906 SOUTH RAMONA AVENUE  
INDIALANTIC, FL 32903

**Current Mailing Address:**

PO BOX 1064  
MELBOURNE, FL 32902 US

**FEI Number:** 59-2017622

**Certificate of Status Desired:** Yes

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

ANDREN, CAROL L  
906 SOUTH RAMONA AVENUE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VPD  
Name WILSON, SANDY  
Address 410 SUNSET BLVD  
City-State-Zip: MELBOURNE BEACH FL 32951

Title TD  
Name HARBAUGH, KATHRYN C  
Address 3150 NORTH HARBOR CITY BLVD #226  
City-State-Zip: MELBOURNE FL 32935

Title SD  
Name ROBERTS, NAN  
Address PO BOX 33656  
City-State-Zip: INDIALANTIC FL 32903

Title D  
Name VOSATKA, ED  
Address 1292 LAKEWOOD DRIVE  
City-State-Zip: MELBOURNE FL 32935

Title D  
Name FERGUS, JOHN  
Address 135 MAPLE DRIVE  
City-State-Zip: SATELLITE BEACH FL 32937

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

Title DIRECTOR  
Name BERRY, JILL  
Address 974 RIPLEY TERRACE NE  
City-State-Zip: PALM BAY FL 32907

**Continues on page 2**

*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:** KATHRYN C HARBAUGH

**TREASURER**

**02/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DE LA MORINIERE, NANCY  
Address PO BOX 61094  
City-State-Zip: PALM BAY FL 32906

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

Title DIRECTOR  
Name BARILE, DIANE  
Address PO BOX 2143  
City-State-Zip: MELBOURNE FL 32902

Title DIRECTOR  
Name ELLIOTT, WILEY  
Address 4367 MONTREAUX AVE  
City-State-Zip: MELBOURNE FL 32934

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