

2020 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: Yes

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

06/12/2020

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

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

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

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

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

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: CAROL LEE ANDREN

PRESIDENT

06/12/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COX, JIMMY
Address 1650 EISHENHOWER AVE
City-State-Zip: MELBOURNE FL 32901

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

Title DIRECTOR
Name GROSS, ROBERT
Address 38 S. FERNWOOD DR.
City-State-Zip: ROCKLEDGE FL 32955