

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748162

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

**Current Principal Place of Business:**

4231 TURTLE MOUND RD.  
MELBOURNE, FL 32934

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC3049634642**

**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**

**02/23/2016**

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

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

**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: DONALD L JENNINGS**

**PRESIDENT**

**02/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name FABIAN, PATTY  
Address 4805 CHESTERFIELD LANE  
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 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