

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748162

**FILED
Jan 10, 2015
Secretary of State
CC6019106050**

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 SECRETARY
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 TREASURER
Name ROBERTS, NAN
Address 11140 S. TROPICAL TRAIL
City-State-Zip: MERRITT ISLAND FL 32952

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

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

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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: KATHRYN C HARBAUGH

DIRECTOR

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

Title DIRECTOR
Name BACCUS-HORSLEY, DIANE
Address 1900 SOUTH HARBOR CITY BLVD
SUITE 108
City-State-Zip: MELBOURNE FL 32901