

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16181

Entity Name: NORTH BREVARD SENIOR CENTER, INC.**Current Principal Place of Business:**909 LANE AVE.
TITUSVILLE, FL 32780**Current Mailing Address:**909 LANE AVE.
TITUSVILLE, FL 32780**FEI Number:** 59-2699483**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIMOES, JEAN E
1530 LAFAYETTE AVENUE
TITUSVILLE, FL 32796 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:** JEAN E. SIMOES

01/17/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD	Title	VP
Name	VYCITAL, HAROLD D	Name	KUNDE, DOROTHY
Address	2960 JACARANDA	Address	2194 HERITAGE DRIVE
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	TITUSVILLE FL 32780
Title	VP	Title	SECRETARY
Name	KUSTERER, RACHAEL	Name	CLAYTON, MARSHA
Address	4110 MCCULLOUGH ROAD	Address	341 SAN MATEO BLVD
City-State-Zip:	MIMS FL 32754	City-State-Zip:	TITUSVILLE FL 32780
Title	TREASURER		
Name	SIMOES, JEAN E		
Address	1530 LAFAYETTE AVENUE		
City-State-Zip:	TITUSVILLE FL 32796		

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: JEAN E. SIMOES**TREASURER**

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date