

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28421

Entity Name: NORTH BREVARD CHARITIES SHARING CENTER, INC.**Current Principal Place of Business:**4475 S. HOPKINS AVE.
TITUSVILLE, FL 32780**Current Mailing Address:**4475 S. HOPKINS AVE.
TITUSVILLE, FL 32780**FEI Number:** 59-3079635**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBINSON, JOE C
5510 BENT OAK DR
TITUSVILLE, FL 32780 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:** JOE C ROBINSON

04/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ED
Name ROBINSON, JOE
Address 5510 BENT OAK DRIVE
City-State-Zip: TITUSVILLE FL 32780

Title VICE, VP
Name METOFF, KEVIN
Address 730 ELLIOT DR.
City-State-Zip: MERRITT ISLAND FL 32952

Title SECRETARY
Name PETYK, DEBORAH
Address 1237 LITTLE OAK CIRCLE
City-State-Zip: TITUSVILLE FL 32780

Title TREASURER
Name JACKSON, ANUAL
Address 2575 SUMMER BROOK ST
City-State-Zip: MELBOURNE FL 32740

Title PT, PRESIDENT
Name MUSTARD, MICHAEL
Address 2707 HILLCREST AVE
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name BECKLES, GINA PHD
Address 5521 OAKS HOLLOW DR
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name CLAY, RANDLE
Address 1603 FERRIER WAY
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name DAVIS, DONNA
Address 6816 TIDDLE WAY
City-State-Zip: LORTON VA 22079

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: JOE C. ROBINSON**EXECUTIVE DIRECTOR**

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PILATE, PATRICE
Address PO BOX 55
City-State-Zip: MIMS FL 32754

Title DIRECTOR
Name SMITH, ASHLEY
Address 930 CRISTOBAL DR.
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name GAEDCKE, MARCIA
Address 2000 S WASHINGTON AVE
City-State-Zip: TITUSVILLE FL 32780