

2013 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:**_____
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	P/D
Name	METOFF, KEVIN
Address	730 ELLIOT DR.
City-State-Zip:	MERRITT ISLAND FL 32952

Title	1V/D
Name	TAYLOR, EVELYN R.
Address	2221 COUNTRY CLUB DR.
City-State-Zip:	TITUSVILLE FL 32780

Title	T/D
Name	VIERA, LIZ
Address	951 N WASHINGTON AVE.
City-State-Zip:	TITUSVILLE FL 32780

Title	S/D
Name	RICHARD , POBJECKY
Address	3060 LAS PALMAS ST.
City-State-Zip:	TITUSVILLE FL 32780

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****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date