FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 725982 (3)

PORT CANAVERAL-BREVARD COUNTY SOLILLAGE CLEANUP

101110	THE THE DILLTHIS SOC	MITTOULIER TO BE				
Principal Place	of Business	Mailing Address				[100]AL (0010 3100) DERIC DERIC (010) AD 10 ET C. D. DERIC
9020 POMPANO ST CAPE CANAVERAL FL 32920		P. O. BOX 25 CAPE CANAVERAL FL 32920 US				
		00				3. Date Incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
Zip Country		Zip Country				8. This corporation has liability for intangitule tax under s. 199.032,
24	25 9. Name and Address of Curren	29	30			Florida Statutes X Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Culter	it negistered Agent		81	Name	
SIMON .	JERRY M.		-	82	Street	et Address (P.O. Box Number is Not Acceptable)
	RGE KING BLVD.					
CAPE CA	NAVERAL FL 32920			83		
				84	City	FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the abo	ve-r	named or	corporation submits this statement for the purpose of changing its registered of n's board of directors. I hereby accept the appointment as registered agent. I am
or registere familiar wit	ed agent, or both, in the State of Flork h, and accept the obligations of, Sect	tion 617.0503, Florida Statutės	s.			
SIGNATURE _	Juny M. Sumor	JERRY M. S	IMO N	Ager	_7k	TREASUREE/SECRETARY 3-14-96 PATE DATE
12.	Signalure, typegar printed heme of registered agont OFFICERS AN	D DIRECTORS	13.	∆9for	it a grieroro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	DEFELE	1.1 10	TLE		T/S/D Addition
NAME	SIMON, J.M.		1.2 NA			SIMON, J.M. 200 GEORGE KING BLVD.
STREET ADDRESS CITY-ST-ZIP	200 GEORGE KING BLVD PT CANAVERAL, FL 00000		1.3 ST		ADDRESS T-7IP	CAME CANAVER AL, FL. 32920
TITLE	DC	⊠ DELETE	2.1 T/I			V/b ☐ Change 🔀 Additio
NAME	PIERCE, ROBERT		2.2 NA			JACOBSON, J. 90 85 FLOUNDER ST.
STREET ADDRESS	605 TOWNSEND RD.				ADDRESS	CAPE CANAVERAL, FL. 82420
CITY-ST-ZIP TITLE	COCOA FL	["]DELETE	2. 4 U		ST-ZIP	C/D Change Addition
NAME	BENNETT, B.		3.2 NA	AME		BENNETT B.
STREET ADDRESS	6000 N. HWY U.S. 1				ADDRESS	
CITY - ST - ZIP	COCOA FL	™ DELETE	3 4. C		ST - ZIP	COCOA, FL.
NAME	SD Browning, Linda W.	ya	4. 2 N			
STREET ADDRESS	P. O. BOX 3193 N/A		4.3 ST	FREET	ADDRESS	ss
CITY-ST-ZIP	ORLANDO FL	Paperer			ST-ZIP	☐ Change ☐ Additio
TITLE		☐ DELETE	5.1 TI 5.2 NA			Change Additio
NAME STREET ADDRESS					r address	ss
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETE	6.1 Ti			☐ Change ☐ Addition
NAME			6.2 N/		LIDDOCCO	
STREET ADDRESS					FADDRESS St-zip	25
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furn	nished and	doe	s not au	qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further
certify that		iual report or supplemental ann oration or the receiver or truste	nuai report i ee empowe			d accurate and that my signature shall have the same legal effect as if made unde acute this report as required by Chapter 617, Florida Sitatutes; and that my name

SIGNATURE: _

SIGNATURE AND PREO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)