FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32859 (3)

1. Corporation Name

SPACE COAST CHAPTER OF NSPI, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM MAURER 2150 N-A1A HWY. APT. 107 INDIANLANTIC FL 32903	C/O WILLIAM MAURER 2150 N-A1A HWY. APT. 107 INDIANLANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1989
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-1679812 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAURER, WILLIAM
558 S. OSPREY AVENUE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	RD	☐ Change ☐ Addition
NAME	~~JOHNSON, JOHN E~~	1.2 NAME	FOSTER, CHRIS	
STREET ADDRESS	~~889 BARON BLVD.~~	1.3 STREET ADDRESS	2250 WILHELMINA COURT N.E	
CITY-ST-ZIP	~~ROCKLEDGE FL~~	1.4 CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	~~VPD~~	2.1 TITLE	~~VPD~~ D	☒ Change ☐ Addition
NAME	~~MITZ, PAUL~~	2.2 NAME	~~DEBRA PFLUG~~	
STREET ADDRESS	~~1024 ALEXIA CT.~~	2.3 STREET ADDRESS	~~413 APOLLO BLVD.~~	
CITY-ST-ZIP	~~MELBOURNE FL~~	2.4 CITY-ST-ZIP	~~MELBOURNE, FL 32901~~	
TITLE	~~TD~~	3.1 TITLE	T/D	☐ Change ☐ Addition
NAME	~~HEIDEMAN, TOM~~	3.2 NAME	TOM PFLUG	
STREET ADDRESS	~~7301 ELLIS RD.~~	3.3 STREET ADDRESS	1923 N. WICKHAM ROAD	
CITY-ST-ZIP	~~W. MELBOURNE FL~~	3.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	~~SD~~	4.1 TITLE	S/D	☐ Change ☐ Addition
NAME	~~FOSTER, CHRIS~~	4.2 NAME	SHELLY GRUNDHOFFER	
STREET ADDRESS	~~2250 WYLHELMINA CT., NE~~	4.3 STREET ADDRESS	134 A HIBISCUS ST.	
CITY-ST-ZIP	~~PALM BAY FL~~	4.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE		5.1 TITLE	~~VPD~~ P/D	☐ Change ☐ Addition
NAME		5.2 NAME	DEBRA PFLUG	
STREET ADDRESS		5.3 STREET ADDRESS	1923 N. WICKHAM ROAD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE		6.1 TITLE	VP	☒ Change ☐ Addition
NAME		6.2 NAME	TOM HEIDEMAN	
STREET ADDRESS		6.3 STREET ADDRESS	B.L. NETWORK 7301 ELLIS RD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST MELBOURNE FL 32904	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra A Pflug 1-23-95 407-254-0639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #
Debra A. Pflug

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