FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 06/16/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O William MAURER	26 C/O WILLIAM MAURER
Suite, Apt. #, etc. 22 255 PARADISE BLVD. UNIT 42	Suite, Apt. #, etc. 27 255 PARADISE BLVD. UNIT 42
City & State 23 INDIALANTIC, FL.	City & State 28 INDIALANTIC, FL
Zip / Country 24 32903 / 25 USA	Zip / Country 29 32903 / 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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): 255 PARADISE BLVD, UNIT 42

83

84 City: INDIALANTIC FL 85 Zip Code: 32903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: William MAURER — William Maurer — 1/29/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	P/D	☐ Change ☐ Addition
NAME	PFLUG, TOM		1.2 NAME	DEBRA PFLUG	
STREET ADDRESS	1923 N WICKHAM RD		1.3 STREET ADDRESS	1923 N. WICKHAM ROAD	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE	SD	☐ DELETE	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	GRUNDHOFFER, SHELLY		2.2 NAME	TOM PFLUG	
STREET ADDRESS	134 A HIBISCUS ST		2.3 STREET ADDRESS	1923 N. WICKHAM ROAD	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE	PD	☐ DELETE	3.1 TITLE	S/D	☐ Change ☐ Addition
NAME	PFLUG, DEBRA		3.2 NAME	SHELLY GRUNDHOFFER	
STREET ADDRESS	1923 N WICKHAM RD		3.3 STREET ADDRESS	134A HIBISCUS ST.	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE	VP	☒ DELETE	4.1 TITLE	T/D	☐ Change ☐ Addition
NAME	HEIDEMAN, TOM		4.2 NAME	BOBBY JOHNSON	
STREET ADDRESS	7301 ELLIS RD		4.3 STREET ADDRESS	134A HIBISCUS ST.	
CITY-ST-ZIP	WEST MELBOURNE FL		4.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 DEBRA A. PFLUG 2-13-96 407/254-0639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #