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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 MAURER, WILLIAM 255 PARADISE BLVD., UNIT 42 INDIALANTIC FL 32903 US	C/O MAURER, WILLIAM 255 PARADISE BLVD., UNIT 42 INDIALANTIC FL 32903-2468 US

3. Date Incorporated or Qualified: 06/16/1989
3a. Date of Last Report: 04/29/1996

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

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
255 PARADISE BLVD., UNIT 42
INDIALANTIC FL 32903

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	~~Dir~~ P.D.	☒ Change ☐ Addition
NAME	PFLUG, TOM		1.2 NAME	CHARLET, RUSSELL	
STREET ADDRESS	1923 N WICKHAM RD		1.3 STREET ADDRESS	5690 N. TROPICAL TRAIL	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	SD	☐ DELETE	2.1 TITLE	V.P.D	☒ Change ☐ Addition
NAME	GRUNDHOFFER, SHELLY		2.2 NAME	JENNY MURDOCK	
STREET ADDRESS	134 A HIBISCUS ST		2.3 STREET ADDRESS	116 DELBON ROAD	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	COCOA BEACH, 32931	
TITLE	PD	☐ DELETE	3.1 TITLE	SD	☐ 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	TD	☐ DELETE	4.1 TITLE	T.D.	☐ Change ☐ Addition
NAME	JOHNSON, BOBBY		4.2 NAME	JOHNSON, BOBBY	
STREET ADDRESS	134A HIBISCUS ST.		4.3 STREET ADDRESS	134A HIBISCUS ST	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE	PD	☐ DELETE	5.1 TITLE	P	☐ Change ☐ Addition
NAME	PFLUG, DEBRA		5.2 NAME	PFLUG, DEBRA	
STREET ADDRESS	1923 N. WICKHAM ROAD		5.3 STREET ADDRESS	1923 N. WICKHAM RD.	
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP	MELBOURNE, FL. 32935	
TITLE	VPD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~PFLUG~~, TOM		6.2 NAME		
STREET ADDRESS	1923 N. WICKHAM ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ 1/24/97 407-254-4748