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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

3. Date Incorporated or Qualified: 06/16/1989

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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, FLA.	City & State 28 INDIALANTIC, FLA.
Zip / Country 24 32903 / 25 USA	Zip / Country 29 32903 / 30 USA

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) 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 1-6-98
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~CHARLET, RUSSELL~~		1.2 NAME	PHILLIP RUNDFELDT	
STREET ADDRESS	~~5690 N. TROPICAL TRAIL~~		1.3 STREET ADDRESS	6055 N. WICKHAM ROAD SUITE 110	
CITY-ST-ZIP	~~MERRITT ISLAND FL~~		1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	~~MURDOCK, JENNY~~		2.2 NAME	ANTHONY CATALANO	
STREET ADDRESS	~~116 DELEON ROAD~~		2.3 STREET ADDRESS	2550 PALM BAY ROAD NE. SUITE 214	
CITY-ST-ZIP	~~COCOA BEACH FL~~		2.4 CITY-ST-ZIP	PALM BAY, FL. 32905	
TITLE	PD	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	~~PFLUG, DEBRA~~		3.2 NAME	VANESSA MACE	
STREET ADDRESS	~~1923 N WICKHAM RD~~		3.3 STREET ADDRESS	341 THOR AVE. SE, UNIT D SUITE 3	
CITY-ST-ZIP	~~MELBOURNE FL~~		3.4 CITY-ST-ZIP	PALM BAY, FL. 32909	
TITLE	TD	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	~~JOHNSON, BOBBY~~		4.2 NAME	COLE FLANAGAN JR	
STREET ADDRESS	~~134A HIBISCUS ST.~~		4.3 STREET ADDRESS	806 TAPPEN COURT NE	
CITY-ST-ZIP	~~MELBOURNE FL~~		4.4 CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~PFLUG, DEBRA~~		5.2 NAME	PFLUG DEBRA	
STREET ADDRESS	~~1923 N. WICKHAM ROAD~~		5.3 STREET ADDRESS	1923 N WICKHAM ROAD	
CITY-ST-ZIP	~~MELBOURNE FL~~		5.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	SD	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~GRUNDHOFFER, SHELLY~~		6.2 NAME	ALBERT UNDERWOOD	
STREET ADDRESS	~~134 A HIBISCUS ST~~		6.3 STREET ADDRESS	8132 SOUTH PATRICK DRIVE	
CITY-ST-ZIP	~~MELBOURNE FL~~		6.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	

CR2E037 (10/97)

14. I 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: SIGNATURE Phillip Rundfeldt 1/29/98 407-255-0779