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05-13-1999 90027 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32859 (3) Jolk

1. Corporation Name

SPACE COAST CHAPTER OF NSPI, INC.

549025 - 90027 - 43

Principal Place of Business	Mailing Address
558 S Osprey Avenue Sarasota, FL 34236	558 S Osprey Avenue Sarasota, FL 34236

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/16/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0124750 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Jon C. Bednerik
	82 Street Address (P.O. Box Number is Not Acceptable): 558 S Osprey Avenue
	83
	84 City: Sarasota FL 85 Zip Code: 34236

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: Jon C. Bednerik — Jon C. Bednerik Executive Director 4/22/99

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	☐ Change ☐ Addition
NAME	Runfeldt, Phil	1.2 NAME	
STREET ADDRESS	6055 N Wickham Rd #110	1.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32940	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Nicol, Michelle	2.2 NAME	
STREET ADDRESS	395 Pineda Ct	2.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32940	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Maurer, William	3.2 NAME	
STREET ADDRESS	255 Paradise Blvd #42	3.3 STREET ADDRESS	
CITY-ST-ZIP	Indialantic, FL 32903	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Johnson, Bobby	4.2 NAME	
STREET ADDRESS	5130 Commercial Dr #G	4.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32940	4.4 CITY-ST-ZIP	
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 (11/98)

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, with all other like empowered.

SIGNATURE: X Phil Runfeldt — 4/23/99 — 407-253-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #