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Apr 07 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 # N95000005221 (5)

1. Corporation Name

SATELLITE BEACH COMMUNITY SERVICES, INC.



Principal Place of Business

Mailing Address

510 CINNAMON DRIVE
SATELLITE BEACH FL 32937
US

510 CINNAMON DRIVE
SATELLITE BEACH FL 32937-9127
US

3. Date Incorporated or Qualified
11/01/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3352842

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

10. Name and Address of New Registered Agent

NORTHCUTT, WILLIAM R
2194 HIGHWAY A1A STE 306
INDIAN HARBOR BEACH FL 32937

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
	DP MARK LOWE 510 CINNAMON DRIVE SATELLITE BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	DV WILLIAM E. MAYER 377 KINGSTON ROAD SATELLITE BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	DS JOHN FERGUS 220 LYNN AVENUE SATELLITE BEACH FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	135 MAPLE DRIVE
	DT PAUL T. BRIMER 220 LYNN AVENUE SATELLITE BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	D PAUL A. CREATURA 510 CINNAMON DRIVE SATELLITE BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: MARCH F. Lowe President 3-31-97

Date

Daytime Phone # 0018767

CR2E037 (9/96)