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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500005221

1. Corporation Name

SATELLITE BEACH COMMUNITY SERVICES, INC.

Principal Place of Business 510 CINNAMON DRIVE SATELLITE BEACH FL 32937 US

2. Principal Place of Business

Suite, Apt. #, etc.

1087 S. Patrick Drive

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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510 CINNAMON DRIVE SATELLITE BEACH FL 32937 US

P.O. Box 2932

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90049 034 ****61.25

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Applied For

Not Applicable

Date Incorporated or Qualifed

11/01/1995

59-3352842

FEI Number

33 Satellite Beach, FL 28 Satellite Beach, FL 29 County 21 County 21 County 29 County 32 9 37 30 32 93 32 93 7 30 32 93 7 32 93 7 32 93 7 32 93 7 32 93 7	City & Stat	e	City & State		_		5. Certificate	of Status Desired		\$0.73 A	
32 9 3 7	Sate1	ellite Beach, FL 28 Satellite B			h,	FL	o. Certificate		Fee Rec	Fee Required	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. 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 agent, or both, in the State of Florida, Such dange was authorized by the corporation's board of directors, I hereby accept the exponent as registered agent, and accept the obligations of, Section 617.0502, 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 dange was authorized by the corporation's board of directors, I hereby accept the exponent as registered agent, and accept the obligations of, Section 617.0502, Florida Statutes, SIGNATURE SECONDATIONS STATE AGENCY (MICH. Registered Agent agents to the purpose of changing its registered agent agen	Zip	Country		Cou	ntry		6. Election (Campaign Financing	П		•
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NORTHCUIT, WILLIAM R 2194 HIGHWAY A1A STE 306 INDIAN HARBOR BEACH FL 32937 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 agent. I am familiar with, and accept the obligations of Section Statutes. The comparison of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of Section 517.0503, Florida Statutes. SIGNATURE SIGNATURE ID P NAME DP NAME DP NAME MARK LOWE SIBERTADORESS 100 CINNAMON DRIVE 1.2 NAME MARK LOWE 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME NAME MARK LOWE 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME NAME MARK LOWE 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME NAME MARK LOWE 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME NAME MARK LOWE 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.2 NAME NAME NAME MILLIAM E. MAYER 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.3 NAME 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.3 NAME NAME NAME NAME NAME NAME NAME NAME PAUL T. BRIMER 1.3 NAME 1.3 N		9. Name and Address of Current F	Registered Agent		<u></u>		10. Name an	d Address of New	Registere	d Agent	
2194 HIGHWAY ATA STE 306 INDIAN HARBOR BEACH FL 32937 Addition Comment Comment			•		81	Name		•			
2194 HIGHWAY ATA STE 306 INDIAN HARBOR BEACH FL 32937 Addition Comment Comment	NORTHCUTT. WILLIAM R					Street A	Street Address (P.O. Box Number is Not Acceptable)				
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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 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, and accept the origination of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP		· ·			83						
T1. 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 lis registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the expointment as registered director or registered agent, I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, typed or private ration of registered agent aim to ell registered. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T14. TITLE DV					8.4	City			<u> </u>	85 Zin C	ode
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's natural requirement agent, and accept the obligations of, Section 617,0503, Plorida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tile if expiciable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP								,			
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	14. I hereby	certify that the information supplied with	this filing does not qualify f	or the exe	mpti	on stated	in Section 119.07(3)(i), Florida Statutes	. I further o	ertify that the in	nformation

indicated on this arinual report of supplemental annual report is true and accurate and that my signature shall have the same regardened as it made under out, that I am a officer or director of the corporation or the receiver or frustee 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.