

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711308 (7)**  
 1. Corporation Name  
**EMPLOYEES' ONE DONATION CLUB OF JOHNSON CONTROLS, INC.**

Principal Place of Business <b>7315 N. ATLANTIC AVE CAPE CANAVERAL FL 32920</b>	Mailing Address <b>PO BOX 1489 CAPE CANAVERAL FL 32920 US</b>
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3. Date Incorporated or Qualified  
**08/05/1966**

4. FEI Number  
**59-6194487**

6. 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 <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**BROWN, JAMES L**  
**7315 N. ATLANTIC AVE**  
**CAPE CANAVERAL FL 32920**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES, DEAN R	1.2 NAME	Robert Sellars
STREET ADDRESS	220 SARGENT AVENUE	1.3 STREET ADDRESS	116 Briarwood Lane
CITY-ST-ZIP	OAK HILL FL	1.4 CITY-ST-ZIP	Cocoa, Florida 32926
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPSTOCK, ALICE	2.2 NAME	Jeff Thomas
STREET ADDRESS	1520 BREAM STREET	2.3 STREET ADDRESS	3875 Faye Blvd.
CITY-ST-ZIP	MERRITT ISLD FL 32952	2.4 CITY-ST-ZIP	Cocoa, Florida 32927
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELLAMY, REBECCA L	3.2 NAME	Sandie Luna
STREET ADDRESS	PO BOX 55, N/A	3.3 STREET ADDRESS	2604 Demaret Drive
CITY-ST-ZIP	OAK HILL FL	3.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIPTON, JOYCE A	4.2 NAME	Susan L. Palmer
STREET ADDRESS	2088 OTTERBEIN AVE	4.3 STREET ADDRESS	1355 East Crisafulli Road
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:** \_\_\_\_\_ **Robert Sellars, Chairman** **3/17/98** **407-853-5337**

CR2E037 (10/97)