**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -4 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713054 (5)

1. Corporation Name
**SPACEPORT ASSOCIATION OF REALTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2701 GARDEN STREET<br>TITUSVILLE FL 32796 | 2701 GARDEN STREET<br>TITUSVILLE FL 32796 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1967
3a. Date of Last Report: 04/18/1994
4. FEI Number: 23-7434667 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 21 2701 Garden Street | 26 2701 Garden Street | | |
| Suite, Apt. #, etc.<br>22 none | Suite, Apt. #, etc.<br>27 none | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State<br>23 Titusville, FL. | City & State<br>28 Titusville, FL | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | $68.75 Supplemental Fee Not Required |
| Zip / Country<br>24 32796 / 25 USA | Zip / Country<br>29 32796 / 30 USA | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No | |

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

MOGG, CLAUDINE
4304 LONDON TOWN RD
TITUSVILLE FL 32796

**10. Name and Address of New Registered Agent**

81 Name: Johns, Mark Bradford
82 Street Address (P.O. Box Number is Not Acceptable): 310 Cheney Hwy.
83
84 City: Titusville FL 85 Zip Code: 32780

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] President, SPAR 3/03/95
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 | D | 1.1 TITLE | P/D | ☒ Change ☐ Addition |
| NAME | STANFIELD, DONALD | 1.2 NAME | Johns, Mark Bradford | |
| STREET ADDRESS | 4420 S WASHINGTON AVE | 1.3 STREET ADDRESS | 310 Cheney Hwy. | |
| CITY-ST-ZIP | TITUSVILLE, FL 00000 | 1.4 CITY-ST-ZIP | Titusville, Fl. 32780 | |
| TITLE | PD | 2.1 TITLE | VP/D | ☒ Change ☐ Addition |
| NAME | MOGG, CLAUDINE | 2.2 NAME | Solomon, Shirley | |
| STREET ADDRESS | 4304 LONDON TOWN RD | 2.3 STREET ADDRESS | 2222 S. Washington Ave. | |
| CITY-ST-ZIP | TITUSVILLE, FL 00000 | 2.4 CITY-ST-ZIP | Titusville, Fl. 32780 | |
| TITLE | PED | 3.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | JOHNS, MARK | 3.2 NAME | Beck, Ted | |
| STREET ADDRESS | 2197 GARDEN STREET | 3.3 STREET ADDRESS | 310 Cheney Hwy. | |
| CITY-ST-ZIP | TITUSVILLE, FL 00000 | 3.4 CITY-ST-ZIP | Titusville, Fl. 32780 | |
| TITLE | VPD | 4.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | SOLOMON, SHIRLEY | 4.2 NAME | Drown, Nora Jean | |
| STREET ADDRESS | 2222 S WASHINGTON AVE | 4.3 STREET ADDRESS | 840 Garden Street | |
| CITY-ST-ZIP | TITUSVILLE, FL 00000 | 4.4 CITY-ST-ZIP | Titusville, FL. 32796 | |
| TITLE | SD | 5.1 TITLE | PE/D | ☒ Change ☐ Addition |
| NAME | DROWN, NORA | 5.2 NAME | Messer, Sandra | |
| STREET ADDRESS | 840 GARDEN ST | 5.3 STREET ADDRESS | 4795 Fay Blvd. #6 | |
| CITY-ST-ZIP | TITUSVILLE FL | 5.4 CITY-ST-ZIP | Cocoa, Fl. 32927 | |
| TITLE | D | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | BASHLOR, MARY | 6.2 NAME | Mogg, Claudine | |
| STREET ADDRESS | 3436 S HOPKINS AVE | 6.3 STREET ADDRESS | 4304 London Town Rd. | |
| CITY-ST-ZIP | TITUSVILLE FL | 6.4 CITY-ST-ZIP | Titusville, Fl. 32796 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] President, SPAR 3/03/95 (407)267-1330
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

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