

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 713054 (5)

1. Corporation Name

SPACEPORT ASSOCIATION OF REALTORS, INC.



Principal Place of Business

Mailing Address

2701 GARDEN STREET  
TITUSVILLE FL 32796  
US

2701 GARDEN STREET  
TITUSVILLE FL 32796  
US

3. Date Incorporated or Qualified  
07/11/1967

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

P.O. Box 480

27

Suite, Apt. #, etc.

28

SHARPES, FL

29

City & State

30

Zip

Country

4. FEI Number  
23-7434667

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

MOGG, CLAUDINE  
4304 LONDON TOWN RD  
TITUSVILLE FL 32796

81 Name SANDRA J. MESSER  
82 Street Address (P.O. Box Number is Not Applicable)  
P.O. BOX 480 C/O WILLIAMSON & HUTSON CPA  
83 SHARPES, FL 32796  
84 City TITUSVILLE FL 85 Zip Code 32796

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

*Sandra J. Messer Pres.*

2-21-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNS, MARK BRADFORD  
STREET ADDRESS 310 CHENEY HWY  
CITY-ST-ZIP TITUSVILLE FL

TITLE VPD  
NAME SOLOMON, SHIRLEY  
STREET ADDRESS 2222 S. WASHINGTON AVE.  
CITY-ST-ZIP TITUSVILLE FL

TITLE T  
NAME BECK, TED  
STREET ADDRESS 310 CHENEY HWY  
CITY-ST-ZIP TITUSVILLE FL

TITLE S  
NAME DROWN, NORA JEAN  
STREET ADDRESS 840 GRDEN STREET  
CITY-ST-ZIP TITUSVILLE FL

TITLE PED  
NAME MESSER, SANDRA  
STREET ADDRESS 4795 FAY BLVD. #6  
CITY-ST-ZIP COCOA FL

TITLE D  
NAME MOGG, CLAUDINE  
STREET ADDRESS 4304 LONDON TOWN ROAD  
CITY-ST-ZIP TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PED  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE S  
4.2 NAME LORENE SHAFER  
4.3 STREET ADDRESS 1516 Wakefield Terr  
4.4 CITY-ST-ZIP TITUSVILLE, FL 32796

5.1 TITLE PD  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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

Daytime Phone #

CR2E037 (12/95)