FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1998

· ·	MENT # 715187 COAST ASSOCIATION OF			4 ETBIN (BATE NAA) AND NAA (AND NA)	l Billin didiri Andri Brahi Brahi alahi ndar
Principal Plac	e of Business	Mailing Address			
105 MCLEOD STREET 105 MCLEOD STREET 105 MCLEOD STREET MERRITT ISLAND FL 32953-3465 MERRITT ISLAND FL 3295			33.3465	3. Date Incorporated or Qualified	
		WE		08/28/1968 4. FEI Number	
					Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		23-1250368	
21		26		5. Certificate of Status Desired	See Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
City & State	8	City & State		7. Is this nonprofit corporation a hom	
Zip	Country	7ip	Country	8. This corporation owes or has paid	Yes No
24	25	29	30	Personal Property Tax due June 3	
. 1	9. Name and Address of Curren		_14201	10. Name and Address of New Regi	
			81 Nam	ю	
SPIELVOGEL, LEONARD			B2 Stree	et Address (P.O. Box Number is Not Acceptable)
101 S COURTNEY PKWY					,
MERRITT	ISLAND FL 32952		83		
			84 City		85 Zip Code
44 D	46-	0 012 4500 FI- (1- OL)			FL 00 2.15 cccc
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, F	authorized by the collorida Statutes.	ed corporation submits this statement for the pur orporation's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of repistered right	410	TI Berit	uru requirod whon reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO DEFICE	RS AND DIRECTORS IN 12
TITLE	D	DELFTE	1.1 TITLE	Chuck Marris - Due 3436 S Kephins av Tetasville, Ff 3295	Change X Addition
NAME	BARBER, DANIEL J.		1.2 NAME	Chuck Maris - 200	4.4
STREET ADDRESS	255 MERRITT ISLAND CAUSE	WAY	1.3 STREET ADDRESS	5 3436 D Repaires Con	£ ·
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY - ST - ZIP	Tetreville # 3295	5 3
TITLE	V	☐ DELETE	2.1 THTLF		Change Addition
NAME	DAI GNAULT, JOHN		2.2 NAME		
STREET ADDRESS	315 N COURTENAY PKWY		2.3 STREET ADDRESS	S	
CITY-ST-ZIP	MERRITT ISLAND FL	DELETE	2. 4 CITY - S1 - ZIP		M 04 [] 4.470
TITLE NAME	DAVIS, JOANN	U Ottelt	3.1 TITLE 3.2 NAME	President	Change Addition
STREET ADDRESS	1980 N. ATLANTIC AVE., #301	1			
CITY-ST-ZIP	COCOA BEACH FL		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	\$	
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	LOLMAUGH, T.D.		4. 2 NAME		,
STREET ADDRESS	305 BREVARD AVE		4.3 STREET ADDRESS	s .	
CITY-ST-ZIP	COCOA FL		4.4 CHY-ST-ZIP		
TITLE	₱ D	☐ DELETE	51 TITLE		Change Addition
NAME	ELEBASH, ALBERT		5.2 NAME		
STREET ADDRESS	200 WILLARD ST SUITE 2B		5 3 STREET ADDRESS	S	
CITY-ST-ZIP	COCOA FL	Done-	5 4 CITY - ST - ZIP		
TITLE	D CELLO LEALINA	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME OTDEET ADODESC	SELIG, LEAH M.		6.2 NAME		
STREET ADDRESS	105 MCLEOD CT		6.3 STREET ADDRESS		

CITY-ST-ZIP

MERRITT ISLAND FL

64 CITY-ST-ZIP

14. Thereby 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

6-11-98 407-452-9490

FILED

Jun 18 1998 8:00am

Secretary of State