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Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718039 (1)

1. Corporation Name

SPACE COAST LEAGUE OF CITIES, INC.



Principal Place of Business

Mailing Address

P. O. BOX 560488
ROCKLEDGE FL 32956-0488
USP. O. BOX 560488
ROCKLEDGE FL 32956-0488
US3. Date Incorporated or Qualified
02/06/19703a. Date of Last Report
03/30/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTLEY, LARRY
555 S WASHINGTON AVE
TITUSVILLE FL 32781

81 Name

William H. Allen

82 Street Address (P.O. Box Number is Not Acceptable)

2 South Orlando Avenue

84 City

Cocoa Beach

FL

85 Zip Code

32932-2430

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

W. H. Allen, T(D)

1/13/97

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	VD	<input type="checkbox"/> DELETE
NAME	GOTT, LORRAINE	
STREET ADDRESS	565 CASSIA BLVD	
CITY - ST - ZIP	SATELLITE BEACH FL 32937	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gott, Lorraine, Pres. (Dir.)
1.3 STREET ADDRESS	565 Cassia Blvd
1.4 CITY-ST-ZIP	Satellite Beach, FL 32937

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RANDELS, ROCKY	
STREET ADDRESS	308 EAST CENTRAL BLVD.	
CITY - ST - ZIP	CAPE CANAVERAL FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bartley, Larry Vice Pres. (Dir.)
2.3 STREET ADDRESS	555 S. Washington Ave.
2.4 CITY-ST-ZIP	Titusville, FL 32781-2806

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARTLEY, LARRY	
STREET ADDRESS	P.O. BOX 2806 N/A	
CITY - ST - ZIP	TITUSVILLE FL 32781	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Allen, William H., Treasurer (Dir.)
3.3 STREET ADDRESS	2 South Orlando Ave.
3.4 CITY-ST-ZIP	Cocoa a Beach, FL 32932-2430

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLUBAUGH, JOHN	
STREET ADDRESS	2241 WESTMINSTER DR	
CITY - ST - ZIP	COCOA FL 32928	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Petsos, Arthur, Secretary (Dir.)
4.3 STREET ADDRESS	105 Polk Avenue
4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

W. H. Allen, T(D)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

Date

407-784-1142

Daytime Phone # 0020817

CP2E037 (9/96)