


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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
US

P. O. BOX 560488
ROCKLEDGE FL 32956-0488
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/06/1970

4. FEI Number

59-2921880

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

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

10. Name and Address of New Registered Agent

81 Name

Patricia Poole

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

805 E. Palmetto Ave.

83

84 City

Melbourne

FL

85 Zip Code

32901

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 *Patricia Poole*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/98

12. OFFICERS AND DIRECTORS

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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WILLIAM H.	
STREET ADDRESS	2 SOUTH ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BARTLEY, LARRY	
STREET ADDRESS	555 S. WASHINGTON AVE.	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PETOS, ARTHUR	
STREET ADDRESS	105 POLK AVENUE	
CITY-ST-ZIP	CAPE CANAVERAL FL	

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry Bartley	
1.3 STREET ADDRESS	555 S. Washington Ave.	
1.4 CITY-ST-ZIP	Titusville, FL 32796	

2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patricia Poole	
2.3 STREET ADDRESS	805 E. Palmetto Ave.	
2.4 CITY-ST-ZIP	Melbourne, FL 32901	

3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arthur Petos	
3.3 STREET ADDRESS	105 Polk Avenue	
3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	

4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary Jane Nail	
4.3 STREET ADDRESS	2 S. Orlando Avenue	
4.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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:

Patricia Poole

2/9/98

CR2E037 (1097)