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02-26-1999 90025 046 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718039

1. Corporation Name

SPACE COAST LEAGUE OF CITIES, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

**PATRICIA POOLE
805 E PALMETTO AVE
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name

William Hall

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

2725 Malabar Road

83

84 City

Malabar

FL

85 Zip Code

32950

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

William Hall

1/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LARRY BARTLEY
STREET ADDRESS 555 S WASHINGTON AVE
CITY-ST-ZIP TITUSVILLE FL 32796
☒ DELETE

TITLE TD
NAME PATRICIA POOLE
STREET ADDRESS 805 E PALMETTO AVE
CITY-ST-ZIP MELBOURNE FL 32901
☒ DELETE

TITLE VPD
NAME ARTHUR PETSOS
STREET ADDRESS 105 POLK AVE
CITY-ST-ZIP CAPE CANAVERAL FL 32920
☒ DELETE

TITLE DS
NAME MARY JANE NAIL
STREET ADDRESS 2 S ORLANDO AVE
CITY-ST-ZIP COCOA BCH FL 32931
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Arthur Petsos
1.3 STREET ADDRESS 105 Polk Avenue
1.4 CITY-ST-ZIP Cape Canaveral FL 32920
☐ Change ☒ Addition

2.1 TITLE TD
2.2 NAME William Hall
2.3 STREET ADDRESS 2725 Malabar Rd.
2.4 CITY-ST-ZIP Malabar FL 32950
☐ Change ☒ Addition

3.1 TITLE VPD
3.2 NAME Patricia Poole
3.3 STREET ADDRESS 805 E. Palmetto Ave.
3.4 CITY-ST-ZIP Melbourne FL 32901
☐ Change ☒ Addition

4.1 TITLE DS
4.2 NAME Julia Parker
4.3 STREET ADDRESS 555 Hammock Rd
4.4 CITY-ST-ZIP Melbourne Village FL 32904
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED William Hall

1/11/99 (407)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

727-7764

0020925

CR2E037-11/98