FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719778 (3)

1. Corporation Name

SPACE PORT CHAPTER OF THE NINETY-NINES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
818 PALM GROVE COURT P.O. BOX 4899 SOUTH DAYTONA FL 32121	818 PALM GROVE COURT P.O. BOX 4899 SOUTH DAYTONA FL 32121

3. Date Incorporated or Qualified: 12/01/1970
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-1951916 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ (35) — $68.75 Supplemental Fee Not Required
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
MCREYNOLDS, NORMA L. 818 PALM GROVE COURT P O BOX 4899 SOUTH DAYTONA FL 32121	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCREYNOLDS, NORMA L.	1.2 NAME	
STREET ADDRESS	818 PALM GROVE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SO. DAYTONA FL	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	☒ Change ☐ Addition
NAME	OHLSSON, PATRICIA	2.2 NAME	Reckson, Paula
STREET ADDRESS	160 COUNTRY CIRCLE DRIVE EAST	2.3 STREET ADDRESS	1780 Doolittle Court
CITY-ST-ZIP	DAYTON BCH. FL	2.4 CITY-ST-ZIP	Daytona Beach, Fla. 32124
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SELLERS, MURRAY	3.2 NAME	
STREET ADDRESS	2010 CORNELL PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	☐ Change ☐ Addition
NAME	STAUDT, LAURA C.	4.2 NAME	
STREET ADDRESS	4857 CASABA PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BEERS, CLYDIA L.	5.2 NAME	
STREET ADDRESS	925 N. HALIFAX AVE #501	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GOSLING, CAROL A.	6.2 NAME	
STREET ADDRESS	1500 BEVILLE RD., SUITE 606	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	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)(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: Paula Reckson — Paula Reckson — February 2, 1995 — 904-788-8254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023653

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Lasher, Barbara
2289 Cox Road
Cocoa, Fl. 32926