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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **719778** **(3)**

1. Corporation Name

SPACE PORT CHAPTER OF THE NINETY-NINES, INC.

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 32119-2613

3. Date Incorporated or Qualified: **12/01/1970**
3a. Date of Last Report: **02/28/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1951916** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCREYNOLDS, NORMA L.
818 PALM GROVE COURT
P O BOX 4899
SOUTH DAYTONA FL 32121

10. Name and Address of New Registered Agent

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 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 _____ 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	☐ DELETE	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	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RECKSON, PAULA		2.2 NAME		
STREET ADDRESS	1780 DOOLITTLE COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON BCH. FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	C	☒ Change ☐ Addition
NAME	LASHER, BARBARA		3.2 NAME		
STREET ADDRESS	2289 COX ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP		
TITLE	VC	☐ DELETE	4.1 TITLE	T	☒ 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	☐ DELETE	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	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	GOSLING, CAROL A.		6.2 NAME		
STREET ADDRESS	1569 YORKTOWN AVENUE		6.3 STREET ADDRESS	3706 Militia Drive	
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] 2/11/97 904-756-3082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number