2006 NOT-FOR-PROFIT GORPORATION

STREET ADORESS

STREET ADDRESS

C3TY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

May 11, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT #725982** 05-11-2006 90234 006 ***148.75 1. Entity Name PORT CANAVERAL-BREVARD COUNTY SPILLAGE CLEANUP COMMITTEE, INC. Principal Place of Business Mailing Address 9020 POMPANO ST P. O. BOX 25 CAPE CANAVERAL, FL 32920 CAPE CANAVERAL FL 32920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03022006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 23-7183178 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATRICK BRADY WILLISON, CRIAG I. Street Address (P.O. Box Number is Not Acceptable) 200 GEORGE KING BLVD. CAPE CANAVERAL, FL 32920 % cathy Hesketh CityCAPE CANAVERAL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. PATTYLICK BRADY Stgnature, typed or primed name of registered agent and (4th if applicable, (NOTE: Registered Agent aigneture required with Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete BBF Change Addition MALE WILLISON, CRAIG I NAME STREET ADDRESS 200 GEORGE KING BLVD STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 CITY-ST-ZIP TITLE ☐ Delete TITI F NAME BRADY, PATRICK C. NAME ONE AR CARGO PLACE, UNITY STREET ADORESS 107 ISLAND VIEW DRIVE STREET ADORESS Melbourne Fr 32901-1803 PRESIDENT DEFENO INDIAN HARBOUR BEACH, FL 32937 CITY-ST-ZIP CTY-ST-78P TITLE Delete TIRE COLLINS, THOMAS NAME NAME STREET ADDRESS 9040 FLOUNDER ST STREET ADDRESS CTTY-ST-ZIP CAPE CANAVERAL, FL 32920 COTY-ST-7IP TITLE ☐ Delete THILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

FILED

Change

☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Horida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other tike empowered.

STREET ADDRESS

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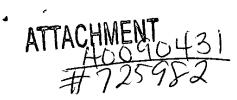
CITY-ST-ZIP

TITLE

NAME

Detete

92-1B PATRICK SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 6	
Florida Statutes, the undersigned, PATRICK BRA (Name of Regis	stered Agent)
hereby resigns as Registered Agent for PORT CANAVERAL- (Name of Co Spillage Cleans	orporation)
23-7123178 Spillage Clean	up Committee, we
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporat	ion at its last known address.
The agency is terminated and the office discontinued on the 31st of this statement is filed.	day after the date on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
PATVLICK BRASY (Typed or Printed Name)	2.7 Brode
VICE - President -	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314