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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:23

DOCUMENT # 731847 (0)

1. Corporation Name
SPACE COAST DISABILITY RIGHTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
331 RAMP ROAD COCOA BEACH FL 32931	331 RAMP ROAD COCOA BEACH FL 32931 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1744445 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

HERZBERG, MORRIS M.
475 ARUBA COURT
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	DP	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	LEWIS, EVA	1.2 NAME		
STREET ADDRESS	6120 TULSA BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☒ Change ☐ Addition
NAME	FREEMAN, JERRY	2.2 NAME		
STREET ADDRESS	3815 CONNERS COVE	2.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☒ Change ☐ Addition
NAME	CASTELLI, SARA	3.2 NAME		
STREET ADDRESS	151 GREENACRE DRIVE	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE	D/S/T	☒ Change ☐ Addition
NAME	O'NEILL, FLORENCE	4.2 NAME		
STREET ADDRESS	4101 STOCK AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP		
TITLE	DPP	5.1 TITLE		☒ Change ☐ Addition
NAME	FOUGEROUSSE, PHILIP	5.2 NAME		
STREET ADDRESS	1901 HIGHWAY A1A, SUITE 2	5.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	INDIAN HARBOUR BCH. FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D/V	☐ Change ☒ Addition
NAME		6.2 NAME	MURIEL MICHELESSI	
STREET ADDRESS		6.3 STREET ADDRESS	1515 N HUNTINGTON LANE # 414	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	

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: Muriel Michelessi 2-15-94 407-784-9208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MURIEL MICHELESSI V

0004640