FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # 731847 (0)

1. Corporation Name

SPACE COAST CENTER FOR INDEPENDENT LIVING, INC.

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

3. Date Incorporated or Qualified: 02/11/1975

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 24 / Country 25	Zip 29 / Country 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

81 Name: BETTY JO COUCH
82 Street Address (P.O. Box Number is Not Acceptable): 1242 JADE LANE NE
83
84 City: PALM BAY FL 85 Zip Code: 32907

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: Betty Jo Couch — 1-23-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, TOM		1.2 NAME		
STREET ADDRESS	P O BOX 5377 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DPP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MICHELESSI, MURIEL		2.2 NAME		
STREET ADDRESS	1515 N. HUNTINGTON LANE #414		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		2. 4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARBORE, CARLO		3.2 NAME		
STREET ADDRESS	600 BARCELONA COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		3.4. CITY-ST-ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MADLENER, BILL		4. 2 NAME		
STREET ADDRESS	550 GARFIELD AVE, #102		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	DV	☐ Change ☒ Addition
NAME			5.2 NAME	FLORENCE O'NEILL	
STREET ADDRESS			5.3 STREET ADDRESS	4101 STOCK AVENUE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Muriel Michelessi **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #