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**Mar 10, 1999 8:00 am**
**Secretary of State**
03-10-1999 90022 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731847

1. Corporation Name
SPACE COAST CENTER FOR INDEPENDENT LIVING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 331 RAMP ROAD<br>COCOA BEACH FL 32931 | 331 RAMP ROAD<br>COCOA BEACH FL 32931<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>02/11/1975 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1744445 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

COUCH, BETTY JO
1242 JADE LANE N.E.
PALM BAY FL 32907

**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 | DV | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | O'NEILL, FLORENCE | | 1.2 NAME | | |
| STREET ADDRESS | 4101 STOCK AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | | 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 | D | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | EVA LEWIS | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 6120 TULSA BLVD. | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | COCOA FL 32927 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | ANNE COLEMAN | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 1325 ANCHOR LANE | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 3/1/99 407-784-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #