

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 736556 (2)

1. Corporation Name

THE SCIENCE OF AWARENESS, INC.



Principal Place of Business

320 HARBOR DRIVE  
CAPE CANAVERAL FL 32920

Mailing Address

320 HARBOR DRIVE  
CAPE CANAVERAL FL 32920

NEW ADDRESS 189 JUNE DRIVE  
COCOA BEACH, FL 32931

2. Principal Place of Business

2a. Mailing Address

21 189 JUNE DRIVE

26 189 JUNE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 COCOA BEACH, FL 32931

27 COCOA BEACH, FL 32931

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified  
08/06/1976

3a. Date of Last Report  
07/14/1995

4. FEI Number  
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

BATE, G. CECIL  
320 HARBOR DRIVE  
CAPE CANAVERAL, 32920

New address  
BATE, G. CECIL  
189 JUNE DRIVE  
COCOA BEACH,  
FL. 32931

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE        | NAME                  | STREET ADDRESS           | CITY - ST - ZIP           |
|--------------|-----------------------|--------------------------|---------------------------|
| P            | BATE, D. ROSEMARY     | 320 HARBOR DR            | CAPE CANAVERAL FL         |
| New address  |                       |                          |                           |
|              | BATE, D. ROSEMARY     | 189 JUNE DRIVE           | COCOA BEACH, FL           |
| D            | BATE, GEORGE CECIL    | 320 HARBOR DR            | CAPE CANAVERAL FL         |
| New Address  |                       |                          |                           |
|              | BATE, GEORGE CECIL    | 189 JUNE DRIVE           | COCOA BEACH, FL           |
| D            | BATE, ROBERT GEOFFREY | 320 HARBOR DRIVE         | CAPE CANAVERAL FL         |
| NEW DIRECTOR |                       |                          |                           |
| D            | FINNIGAN, JUDITH B.   | 8720 CROTON COURT        | CAPE CANAVERAL FL         |
| D            | BURGOS, RAMONA.       | 8401 NORTH ATLANTIC AVE. | CAPE, CANAVERAL FL. 32920 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP |
|-----------|----------|--------------------|---------------------|
|           |          |                    |                     |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP |
|           |          |                    |                     |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP |
|           |          |                    |                     |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP |
|           |          |                    |                     |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP |
|           |          |                    |                     |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP |
|           |          |                    |                     |

D. MS. SHARON O'CONNOR  
114 HOLIDAY LANE. COCOA BEACH,  
FL. 32931

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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)(k), 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: *D. Rosemary Bates (Pres)* 4/21/96 (407) 784-5232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)