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**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

736556

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320 HARBOR DRIVE CAPE CANAVERAL FL 32920  NEW ADDRESS 189 JUNE DRIVE 08/06/1976 07/14/1995  2. Principal Place of Business COCOA BEACH, FL 32931 4. FEI Number NOT APPLICABLE Not Applied Solid Place of Business 12/1 189 JUNE DRIVE 26 129 JUNE DRIVE NOT APPLICABLE NOT APPLICABLE Not Applied Solid Place of Business 27/14/1995 27/14/1995 28/16/24/16/	d For uplicable tional ed y Be ees 32,
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22   COCOA BEACH, FL 3/2931   27   COCOA BEACH, FL 3/2931   5. Certificate of Status Desired   Fee Require City & State   Ci	tional ed y Be ees
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Zip	32,
9. Name and Address of Current Registered Agent    New address   New Registered Agent	
BATE, G. CECIL  320 HARBOR DRIVE CAPE CANAVERAL, 32920  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 register 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 with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE DIRECTORS	
BÂTE, G. CECIL  320 HARBOR DRIVE CAPE CANAVERAL, 32920  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 register 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and thin if explicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME  BATE, D. ROSEMARY  BATE, D. ROSEMARY  BATE, D. ROSEMARY  1.2 NAME  SIRRET ADDRESS  CITY-S1-ZIP  CAPE CANAVERAL FL  ONE Add read  1.3 STREET ADDRESS  CITY-S1-ZIP  CAPE CANAVERAL FL  OCOA BEACH FL  1.4 City-S1-ZIP  CAPE CANAVERAL FL  OCOA BEACH FL  1.4 City-S1-ZIP  Change  CAPE CANAVERAL FL  OCOA BEACH FL  1.4 City-S1-ZIP  CAPE CANAVERAL FL  COCOA BEACH FL  1.4 City-S1-ZIP  CAPE CANAVERAL FL  COCOA BEACH FL  1.5 ITILE  CAPE CANAVERAL FL  COCOA BEACH FL  1.4 City-S1-ZIP  CAPE CANAVERAL FL  COCOA BEACH FL  1.5 ITILE  CAPE CANAVERAL FL  COCOA BEACH FL  1.5 ITILE  CAPE CANAVERAL FL  COCOA BEACH FL  2.1 ITILE  CAPE CANAVERAL FL  COCOA BEACH FL  2.2 NAME  320 HARBOR DR  189 JUNE DRIVE  2.3 STREET ADDRESS	
CAPE CANAVERAL, 32920  189 JUNE DRTVE. COCOA BEACH, FL. 32931  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 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 and the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and the provisions of Sections 617.0503, Florida Statutes.  NOTE: Registered Agent signature required when reinstating?  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE CHANGE STO OFFICERS AND DIRECTORS IN THE CHANGE STORES STREET ADDRESS STREET ADDR	1
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MS. SHARON O'CONNOR	
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TITLE D DELETE 4.1 TITLE TL. 32331 Change	Addition
NAME FINNIGAN, JUDITH B. 4.2 NAME	
STREET ADDRESS 8720 CROTON COURT 4.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CANAVERAL FL 44 CITY-ST-ZIP	
	Addition
TILDEGE DAMONA	
8/m1 NORTH ATLANTIC AVE	
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NAME 62 NAME 40001850684 3 STREET ADDRESS -06/04/9601093007	Addition
STREET ADDRESS	ddition A6
CITY-ST-ZIP ***81.25  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 file.	uddition A6

certify that the information indicated on this armual 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: Rosenary Gate Pres 4/21/96 (407) 784-5232