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FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 736556 (2)

1. Corporation Name

THE SCIENCE OF AWARENESS, INC.



Principal Place of Business

Mailing Address

189 JUNE DR.  
COCOA BCH FL 32931189 JUNE DR.  
COCOA BCH FL 32931-3214

New location;

320 HARBOR DRIVE

320 HARBOR DRIVE

CAPE CANAVERAL, FL. 32920

CAPE CANAVERAL, FL. 32920

3. Date Incorporated or Qualified

08/06/1976

3a. Date of Last Report

06/03/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be  
Added to Fees8. 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 ~~Delete~~  
189 JUNE DR.  
COCOA BCH FL 32931

AGENT.

81 Name

ALBERT CLEVELAND

82 Street Address (P.O. Box Number is Not Acceptable)

377 N. Dorset Drive

83

84 City Cocoa Beach,

FL

85 Zip Code

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 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

Albert Cleveland

4-21-97

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 P ☐ DELETE  
NAME BATE, D. ROSEMARY  
STREET ADDRESS 189 JUNE DR.  
CITY-ST-ZIP COCOA BCH FL 329311.1 TITLE P ☐ Change ☐ Addition  
1.2 NAME ROSEMARY D. BATE  
1.3 STREET ADDRESS 320 HARBOR DR.  
1.4 CITY-ST-ZIP CAPE CANAVERAL, FL. 32920TITLE D ☒ DELETE  
NAME BATE, GEORGE CECIL  
STREET ADDRESS 189 JUNE DR.  
CITY-ST-ZIP COCOA BCH FL 329312.1 TITLE D ☐ Change ☐ Addition  
2.2 NAME CLEVELAND, ALBERT  
2.3 STREET ADDRESS 377 N. DORSET DRIVE  
2.4 CITY-ST-ZIP COCOA BEACH, FL. 32931TITLE D ☐ DELETE  
NAME O'CONNOR, SHARON  
STREET ADDRESS 114 HOLIDAY LANE  
CITY-ST-ZIP COCOA BCH FL 329313.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME FINNIGAN, JUDITH B.  
STREET ADDRESS 8720 CROTON COURT  
CITY-ST-ZIP CAPE CANAVERAL FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BURGOS, RAMONA  
STREET ADDRESS 8401 NORTH ATLANTIC AVE.  
CITY-ST-ZIP CAPE CANAVERAL FL 329205.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

D. Rosemary Bate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012345

CR2E037 (9/96)