


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 743766 (8)</b>			
<b>1. Corporation Name</b> NORTH BREVARD COUNTY REACT TEAM 2562, INCORPORATED			
<b>Principal Place of Business</b> 18 N. DIXIE AVENUE (TITUSVILLE) P. O. BOX 1395 TITUSVILLE FL 32781-5395		<b>Mailing Address</b> 18 N. DIXIE AVENUE (TITUSVILLE) P. O. BOX 1395 TITUSVILLE FL 32781-1395	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.	
<b>22</b> City & State		<b>27</b> City & State	
<b>23</b> Zip		<b>28</b> Country	
<b>24</b>		<b>29</b>	
<b>25</b>		<b>30</b>	
<b>3. Date Incorporated or Qualified</b> 08/01/1978			
<b>3a. Date of Last Report</b> 03/28/1996			
<b>4. FEI Number</b> NOT APPLICABLE			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
ROWTON, JERRY W 18 N DIXIE AVE. PO BOX 1268 TITUSVILLE FL 32781		<b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code	
<b>11.</b> 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.			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>PD</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BAUMANN, SUE	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	1189 S. PARK AVE. #A	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	TITUSVILLE FL	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VD</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ELLIXSON, MIKE	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	2605 COLUMBIA BLVD	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	TITUSVILLE FL	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BAUMANN, RAYMOND	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	1189 S. PARK AVE. #A	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	TITUSVILLE FL	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>AMC</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BETHAL, JOHN D.	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	4330 ABBOTT AVE	<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	TITUSVILLE FL	<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>AMC</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	EWEN, LARRY	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	3315 SIXTH AVE	<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIMS FL	<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>TD</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	JOHNSON, CATHY	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>	189 BAHNSEN ROAD	<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	TITUSVILLE FL	<b>6.4 CITY-ST-ZIP</b>	
<b>14.</b> 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.			
<b>SIGNATURE:</b> <u>Sue Baumann</u> <u>Super Baumann</u> <u>3-20-97</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015156			

CR2E037 (9/96)