

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90006 014 ****61.25

DOCUMENT # 743766

1. Corporation Name

NORTH BREVARD COUNTY REACT TEAM 2562, INCORPORATED

Principal Place of Business

18 N. DIXIE AVENUE (TITUSVILLE)
P. O. BOX 1395
TITUSVILLE FL 32781-5395

Mailing Address

18 N. DIXIE AVENUE (TITUSVILLE)
P. O. BOX 1395
TITUSVILLE FL 32781-5395

314870 - 90006 - 14



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

08/01/1978

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

9. Name and Address of Current Registered Agent

ROWTON, JERRY W
18 N DIXIE AVE.
PO BOX 1268
TITUSVILLE FL 32781

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

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 ☐ DELETE
NAME PD
STREET ADDRESS BAUMANN, SUE
CITY-ST-ZIP 1189 S. PARK AVE. #A
TITUSVILLE FL

TITLE ☐ DELETE
NAME VD
STREET ADDRESS ELLIXSON, MIKE
CITY-ST-ZIP 2605 COLUMBIA BLVD
TITUSVILLE FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS BAUMANN, RAYMOND
CITY-ST-ZIP 1189 S. PARK AVE. #A
TITUSVILLE FL

TITLE ☐ DELETE
NAME AMCD
STREET ADDRESS ROWTON, JERRY W
CITY-ST-ZIP 18 N DIXIE AVE
TITUSVILLE FL 32781

TITLE ☐ DELETE
NAME AMC
STREET ADDRESS EWEN, LARRY
CITY-ST-ZIP 3315 SIXTH AVE
MIMS FL

TITLE ☐ DELETE
NAME TD
STREET ADDRESS JOHNSON, CATHY
CITY-ST-ZIP 189 BAHNSEN ROAD
TITUSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Sue Bauman Pres. 407-267-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0015333

CR2E037 (11/98)