

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002796 (8)**
1. Corporation Name
NATIONAL COUNCIL FOR GEOCOSMIC RESEARCH, INC.



Principal Place of Business 350 UNDERPASS ROAD BREWSTER MA 02631	Mailing Address 350 UNDERPASS ROAD BREWSTER MA 02631-1805
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3. Date Incorporated or Qualified 06/03/1996	3a. Date of Last Report
4. FEI Number 13-2874452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEHMAN, J L PHD
342 EVERGREEN STREET
PALM BAY FL 32907-1901**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNING, MARY B	1.2 NAME	
STREET ADDRESS	9325 BAKER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MD 20736	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, J L	2.2 NAME	
STREET ADDRESS	342 EVERGREEN ST NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEISTER, MARGARET M	3.2 NAME	Beverly Annen
STREET ADDRESS	342 EVERGREEN ST NE	3.3 STREET ADDRESS	9307 Thornewood Drive
CITY-ST-ZIP	PALM BAY FL 32907	3.4 CITY-ST-ZIP	Baltimore MD 21234-3219
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSKOVITZ, MARGIE	4.2 NAME	
STREET ADDRESS	5826 GREENSPRING AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21209	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAND, ROBERT	5.2 NAME	
STREET ADDRESS	350 UNDERPASS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BREWSTER MA 02631	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNKASEY, MICHAEL	6.2 NAME	Madalyn Hillis-Dineer
STREET ADDRESS	16617 SE 46TH ST	6.3 STREET ADDRESS	350 Underpass Road
CITY-ST-ZIP	ISSAQUAH WA 98027	6.4 CITY-ST-ZIP	Brewster MA 02631

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: **LEHMAN, J L** **4/18/97** **(407) 728-2277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076671

CR2E037 (9/96)