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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N11613

1. Corporation Name

NAMI SPACE COAST, INC.

Principal Place of Business	Mailing Address
5825 S HIGHWAY #1 ROCKLEDGE FL 32955 US	1072 MADRID RD ROCKLEDGE FL 32955 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 1770 CEDAR STREET	26 1770 CEDAR STREET	10/16/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2690533 ☑ Applied For ☐ Not Applicable
City & State 23 ROCKLEDGE, FLA	City & State 28 ROCKLEDGE, FLA	5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required
Zip / Country 24 32955 25 BREVARD	Zip / Country 29 32955 30 BREVARD	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HOUSER, LYLE
5825 S HIGHWAY #1
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: HAZEL BERGERON

82 Street Address (P.O. Box Number is Not Acceptable): 1072 MADRID ROAD

83

84 City: ROCKLEDGE FL 85 Zip Code: 32955

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: Hazel L. Bergeron DATE: 01/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	HOUSER, LYLE		1.2 NAME	HAZEL BERGERON	
STREET ADDRESS	5825 S HIGHWAY #1		1.3 STREET ADDRESS	1072 MADRID ROAD	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ENGRAVIDO, TERRY		2.2 NAME		
STREET ADDRESS	3325 DARYL TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	BERGERON, HAZEL		3.2 NAME	ROBERTA HODGES	
STREET ADDRESS	1072 MADRID RD		3.3 STREET ADDRESS	3456 SWAN LAKE DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955		3.4 CITY-ST-ZIP	TITUSVILLE,FL 32796	
TITLE	SD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEE, SUSAN		4.2 NAME		
STREET ADDRESS	3855 WINTER TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Hazel L. Bergeron SIGNATURE REQUIRED 01/30/99 (407)632-8610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #