

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N12419** (0)

1. Corporation Name

**FLORIDA SPACE COAST CHAPTER-INFORMATION, ASSOCIATED BUILDERS AND CONTRACTORS, INC.**



Principal Place of Business

Mailing Address

**1900 S. HARBOR CITY BLVD. #320  
MELBOURNE FL 32092-2296**

**1900 S. HARBOR CITY BLVD. #320  
MELBOURNE FL 32092-2296**

3. Date Incorporated or Qualified  
**12/06/1985**

3a. Date of Last Report  
**02/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2613702**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. 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

**TORPY, VINCENT G. JR.  
930 S. HARBOR CITY BLVD. #505  
MELBOURNE FL 32901**

81 Name

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

**200001746362**

83

**-03718796--01027--008**

84 City

**\*\*\*61.25**

**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	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIS, LUANNE	
STREET ADDRESS	395 S. RANGE ROAD	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TORPY, JR., VINCENT G.	
STREET ADDRESS	930 S HARBOR CITY BL 505	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FORTE, RON	
STREET ADDRESS	1001 TROPIC ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTCHER, WILLIAM	
STREET ADDRESS	621 PARK AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SARDINEER, ROSANN	
STREET ADDRESS	230 HARDEE LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William H. Butcher	
1.3 STREET ADDRESS	621 Park Avenue	
1.4 CITY-ST-ZIP	Titusville Fl 32780	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edward Kinberg	
2.3 STREET ADDRESS	1775 W. Hibiscus Blvd. Ste 209	
2.4 CITY-ST-ZIP	Melbourne Fl 32901	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William C. Butcher	
3.3 STREET ADDRESS	621 Park Avenue	
3.4 CITY-ST-ZIP	Titusville Fl 32780	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Francis M. Stewart	
4.3 STREET ADDRESS	1885 Crane Creek Blvd.	
4.4 CITY-ST-ZIP	Melbourne Fl 32940	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dan J. Hodges	
5.3 STREET ADDRESS	630 Azalea Drive	
5.4 CITY-ST-ZIP	Merritt Island Fl 32952	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ronald Forte	
6.3 STREET ADDRESS	1001 Tropic Street	
6.4 CITY-ST-ZIP	Titusville Fl 32796	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 1996

Date

(407) 725-6617

Daytime Phone #

CR2E037 (12/95)