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Jan 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

DOCUMENT # N12419 (0)

1. Corporation Name

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

Principal Place of Business

1900 S. HARBOR CITY BLVD. #320
MELBOURNE FL 32082-2296

Mailing Address

1900 S. HARBOR CITY BLVD. #320
MELBOURNE FL 32901-4762



3. Date Incorporated or Qualified
12/06/1985

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2613702

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

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)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME BUTCHER, WILLIAM H
STREET ADDRESS 621 PARK AVENUE
CITY-ST-ZIP TITUSVILLE FL 32780

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

TITLE S ☐ DELETE
NAME KINBERG, EDWARD
STREET ADDRESS 1775 W. HIBISCUS BLVD. STE 209
CITY-ST-ZIP MELBOURNE FL 32901

2.1 TITLE Second Vice President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2101 Waverly Place Ste 200
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME STEWART, FRANCIS M
STREET ADDRESS 1885 CRANE CREED BLVD.
CITY-ST-ZIP MELBOURNE FL 32940

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

TITLE P ☐ DELETE
NAME HODGES, DAN J
STREET ADDRESS 630 AZALEA DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

4.1 TITLE Past President Director ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FORTE, RONALD
STREET ADDRESS 1001 TROPIC STREET
CITY-ST-ZIP TITUSVILLE FL 32796

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

TITLE D ☐ DELETE
NAME SARDINEER, ROSANN
STREET ADDRESS 230 HARDEE LANE
CITY-ST-ZIP ROCKLEDGE FL

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 / 05 / 97

Date

Daytime Phone # 0018351

CR2E037 (9/96)