

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
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90002 046 ****61.25

DOCUMENT # N12419

1. Corporation Name

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

Principal Place of Business

817 DIXON BLVD.
SUITE 10 B
COCOA FL 32922
US

Mailing Address

817 DIXON BLVD.
SUITE 10 B
COCOA FL 32922
US



2. Principal Place of Business

21 **551 S. Apollo Blvd**

22 **Suite 206**

23 **Melbourne FL**

24 **32901**

2a. Mailing Address

26 **P.O. Box**

27 **Suite, Apt. #, etc.**

28 **City & State**

29 **Zip**

30 **Country**

3. Date Incorporated or Qualified

12/06/1985

4. FEI Number

59-2613702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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 **P. KINBERG, EDWARD J**
STREET ADDRESS **2101 WAVERLY PLACE STE. 200**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ DELETE

NAME **1VP HOOD, RALPH**
STREET ADDRESS **1703 S. WASHINGTON AVE.**
CITY-ST-ZIP **TITUSVILLE FL 32782**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **PPD BUTCHER, WILLIAM H**
STREET ADDRESS **620 PARK AVE.**
CITY-ST-ZIP **TITUSVILLE FL 32789**

TITLE ☐ DELETE

NAME **S ISAACS, JAMES E**
STREET ADDRESS **644 CLEARLAKE ROAD SUITE A**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ DELETE

NAME **D SARDINEER, ROSANN**
STREET ADDRESS **230 HARDEE LANE**
CITY-ST-ZIP **ROCKLEDGE 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: **Lee Campbell** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)