

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 22 AM 8:10

DOCUMENT # N13612 (9)

1. Corporation Name

**AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY,
 FLORIDA SPACE COAST-CHAPTER #224, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1506
 MELBOURNE FL 32902

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 MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/27/1986

06/28/1994

4. FEI Number

Applied For

59-2635061

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

7. Nonprofit with IRS 501(c)(3)
 Tax Exempt Status

☒ **FILING FEE IS \$61.25**

8. This corporation has authority for filing this report under a. 129.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNLAP, JACQUELYN
 601 SEAWAY DR #E7
 FT PIERCE BEACH FL 34949**

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	VD
NAME	JAMES TORPEY
STREET ADDRESS	190 ESCAMBIA LANE
CITY - ST - ZIP	COCO BEACH FL 32931
TITLE	T/D
NAME	KELLY LABOB
STREET ADDRESS	1657 ARCOT CIRCLE NE
CITY - ST - ZIP	PALM BAY FL 32905
TITLE	PD
NAME	MOSS, JON
STREET ADDRESS	2791 NOBILITY AVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	VD	☒ Change ☐ Addition
12 NAME	Bill Shumate	
13 STREET ADDRESS	1306 LESLIE DR	
14 CITY - ST - ZIP	Merritt Island, FL 32952	
21 TITLE	PD	☒ Change ☐ Addition
22 NAME	Rodger Bunnell	
23 STREET ADDRESS	5325 SANDLAKO RD	
24 CITY - ST - ZIP	Melbourne, FL 32934	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 110.07(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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kelly Labob Kelly Labob
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-95

407-233-5485
 Layne Hume

CR2E037 (3/95)