FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

(1)

SPACE COAST POPS, INC.

PALM BAY FL

CITY-ST-ZIP

FILED Sep 03 1998 8:00am Secretary of State

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1000 1-32-7445

Principal Place of Business Mailing Address					100/11/0/ 40/ 1/0/1 0/0// 100/0 40/0/ 0/// 0/8// 0/0// 0/0// 0/0// 0/0// 0/0// 0/0// 0/0// 0/0//
2150 LAKE DR		P.O. BOX 3344	3OX 3344		3. Date Incorporated or Qualified
COCOA FL 329	026	COCOA FL 32924			05/07/1986
					4. FEI Number Applied For
					59-2678234 Not Applicable
└	Place of Business	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	# <u>ala</u>	Suite, Apt. #, etc.			Fee Required
22 Suite, Apr.	π, οιυ.	27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State	<u> </u>		7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zip	Country	Zip	Country	У	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Ci		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
<u> </u>	9, Name and Address of Ci	Irrent Registered Agent	81	Name	10. Name and Address of New Registered Agent
SMALL/FE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>		
WALKER, VERA W. 28 MITCHEUL ST. E.			62	Street	Address (P.O. Box Number is Not Acceptable)
	FL 32922		83		
0000,	T C SECOL		84	City	85 Zip Code
	<u>.</u>			City	FL 18 25 COOR
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 Statules.					
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstalling). DATE					
12.		S AND DIRECTORS	13.	eni signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	٧D	DELETE	1.1 TITLE		Change Addition
NAME	CHRIST, O.J.W.		1.2 NAME		
STREET ADDRESS	2150 LAKE DR.		1.3 STREET	T ADDRESS	
CITY-ST-ZIP			1.4 CITY-1	ST-ZIP	
TITLE			2.1 TITLE		Change Addition
NAME	MLODZIANOWSKI, RUTH		2.2 NAME		
STREET ADDRESS	2515 HERITAGE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780	₩ DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	TREASURER Change Addition
NAME	•		3.1 HILE		TREASURER Change Addition
STREET ADDRESS				T ADDRESS	6800 N. COCOA BLVD# 4307
CITY-ST-ZIP	BACK PACE II		3.4. CITY-		COCOA, FL 32926
TITLE	(P)	DELETE	4.1 TITLE	OT EII	Colores De Colores
NAME	WALKER, VERA W		4. 2 NAME		DIRECTOR
STREET ADDRESS			4.3 STREE	T ADDRESS	!
CITY-\$T-ZIP	COCOA FL 32922 4.40		4.4 CITY-5	ST-ZIP	
TITLE	VPD	DELETE DELETE	5.1 TITLE		PRESIDENT Change Addition
NAME			5.2 NAME		MOLAN MASTERS
STREET ADDRESS	***************************************			ADDRESS	3935 ST. ARMENS CIRCLE
CITY-ST-ZIP	W. MELBOURNE FL	Al ne ere	5.4 CITY-5	ST-ZIP	MELBOURNE, FL 32934
TITLE	D	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHLEICHER, HEATHER		6.2 NAME		
STREET ADDRESS	699 Norse St. NW		6.3 STREE	I ADDRÉSS	1

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.