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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N17021** (9)

1. Corporation Name

FLORIDA SPACE BUSINESS ROUNDTABLE, INC.

Principal Place of Business

Mailing Address

**3440 SUNSET RIDGE DR.
MERRITT ISLAND FL 32953**

**P.O. BOX 273
CAPE CANAVERAL FL 32920**



3. Date Incorporated or Qualified

09/26/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSHALL, BYRD E., JR.
201 E PINE ST
S1200
ORLANDO FL 32802**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **ROSE, JAMES T.**
STREET ADDRESS **3440 SUNSET RIDGE DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **VD** ☐ DELETE

NAME **BYRON, JOHN L.**
STREET ADDRESS **158 ST. CROIX AVENUE**
CITY-ST-ZIP **COCOA BEACH FL**

TITLE **TD** ☐ DELETE

NAME **MITCHELL, VARNES JR.**
STREET ADDRESS **508 S. RIVER OAKS DR.**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **SD** ☐ DELETE

NAME **RAMOS, KAREN**
STREET ADDRESS **1057 RED BAY CIRCLE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

C

VC

S/D

**Lucinda Roberts
c/o Brevard Comm. College Cocoa Br.
1519 Clearlake Rd.
Cocoa, FL 32922**

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

SIGNATURE:

James T. Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman of the Board

02/20/96

Date

Daytime Phone #

CR2E037 (12/95)