# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22071 (7)

1. Corporation Name

**SPACE COAST EARLY INTERVENTION CENTER, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2524 PALM BAY RD. N.E., S-A<br>PALM BAY FL 32905 | 2524 PALM BAY RD. N.E., S-A<br>PALM BAY FL 32905 |

3. Date Incorporated or Qualified: 08/17/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2858471 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: 3661 So. Babcock St.
22: Suite D
23: Melbourne, Florida
24: Zip 32901 — 25: Country U.S.A.

2a. Mailing Address — 26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip — 30: Country

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 XXX — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes XX No

9. Name and Address of Current Registered Agent

FARMER, BETTINA
1490 DOWD CT SE
PALM BAY FL 32909

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE / _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | P ☒ Change ☐ Addition |
| NAME | ANDERSON, LYNN | 1.2 NAME | Brennick, Jacque |
| STREET ADDRESS | 2524 PALM BAY RD. N.E. | 1.3 STREET ADDRESS | 3661 So. Babcock St., Ste D |
| CITY-ST-ZIP | PALM BAY FL | 1.4 CITY-ST-ZIP | Melbourne, FL 32901 |
| TITLE | V | 2.1 TITLE | V ☒ Change ☐ Addition |
| NAME | FARMER, BETTINA D. | 2.2 NAME | Farmer, Bettina D. |
| STREET ADDRESS | 2524 PALM BAY RD. N.E. | 2.3 STREET ADDRESS | 3661 So. Babcock St, Ste D |
| CITY-ST-ZIP | PALM BAY FL | 2.4 CITY-ST-ZIP | Melbourne, FL 32901 |
| TITLE | | 3.1 TITLE | V ☒ Change ☐ Addition |
| NAME | BRENNICK, JACQUE | 3.2 NAME | Torpey, Jim |
| STREET ADDRESS | 2524 PALM BAY RD NE | 3.3 STREET ADDRESS | 3661 So. Babcock St., Ste D |
| CITY-ST-ZIP | PALM BAY, FL 32905 | 3.4 CITY-ST-ZIP | Melbourne, FL 32901 |
| TITLE | ST | 4.1 TITLE | ST ☒ Change ☐ Addition |
| NAME | PALMER, CHUCK | 4.2 NAME | Spidle, Chris |
| STREET ADDRESS | 2524 PALM BAY RD. N.E. | 4.3 STREET ADDRESS | 3661 So. Babcock St., Ste D |
| CITY-ST-ZIP | PALM BAY FL | 4.4 CITY-ST-ZIP | Melbourne, FL 32901 |
| TITLE | D | 5.1 TITLE | D ☒ Change ☐ Addition |
| NAME | DE LA MORINIERE, NANCY | 5.2 NAME | Anderson, Lynn |
| STREET ADDRESS | 2925 PALM BAY RD NE | 5.3 STREET ADDRESS | 3661 So. Babcock St., Ste D |
| CITY-ST-ZIP | PALM BAY FL | 5.4 CITY-ST-ZIP | Melbourne, FL 32901 |
| TITLE | D | 6.1 TITLE | D ☒ Change ☐ Addition |
| NAME | BUNKER, STEVE | 6.2 NAME | Palmer, Chuck 32901 |
| STREET ADDRESS | 2524 PALM BAY RD. N.E. | 6.3 STREET ADDRESS | 3661 So., Babcock St., Ste D, Melbourne, FL |
| CITY-ST-ZIP | PALM BAY FL | 6.4 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 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:** Bettina D. Farmer 4/24/95 (407)725-6858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000460