FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1997 8:00am

Secretary of State

Daytime Phone # 0018470

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

N22071

(7)

Mailing Address

SPACE COAST EARLY INTERVENTION CENTER, INC.

3661 S. BABCOCK ST. STE D MELBOURNE FL 32901 US			3661 S. BABCOCK ST. STE D MELBOURNE FL 32901-9205 US				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Busine	55	2a. Mailing Address				4. FEI Number Applied For Not Applied by Not Applied by Not Applied by Not Applied by Applied by Not Applied by
21 SAME Suite, Apt. #, etc.			26 SAME Suite, Apt #, etc. 27				5. Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip 24	2	Country	Zip	30	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24		nd Address of Current					10. Name and Address of New Registered Agent
81						Name	· · · · · · · · · · · · · · · · · · ·
FARMER, BETTINA					82	Street	Address (P.O. Box Number is Not Acceptable)
1490 DOWD CT SE							
PALM B	AY FL 3290	9	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. Fam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typind or printed rawn oil registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
12.		OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1:FLF	XXXX C		☐ DELETE		1 1 TITLE		Vice Chairman
NAME		K, JACQUE] ;	1.2 NAME		Humphries, Maryjo
STREET ADDRESS		AU GALLIE BLVD.		1	1.3 STREET	address	1723 P.G.A. Blvd.
CITY-ST-7/P		RNE FL 32934	D bruere		1.4 CITY - S	T-ZIP	Melbourna, Florida 32935 Tichana Mindelina
TITLE	P	DETTINA D	☐ DELETE	1	2.1 TITLE		D . Claude Mayagueii
NAME STREET ADDRESS		, Bettina D. WD Ct. S.E.			2.2 NAME	*DDDccc	Alexander, Brett
CHY-ST-ZIP		Y FL 32909		2.3 STREET ADDRESS 2.4 City+St-Zip			6767 N. Vickham Rd., Ste 500
TRILE	K D	11 / 6 0200	☐ DELETE		3.1 TITLE	11 - 2.11	Melbourn:, Florida 32940 Change Maddilion
NAME	TORPEY,	JIM		3	3.2 NAME		0
STREET ADDRESS		LLAS LANE #509		:	3.3 STREET	address	Armison, Scott
CITY - ST - 7IP	COCOA	BEACH FL 32931			3.4. C(TY-	ST-ZIP	244 Ash Street W. Melbourne 32904 Figure Middles
TITLE	ST		☐ DELETE		4.1 TITLE		W. Metbourne 32904 Change X Addition
NAME	SPIDLE,		_	· •	4. 2 NAME		Beasley, Denise
STREET ADDRESS		NCHESTER LANE #E	3	Į,	4.3 STREET	address	Beasley, Denise 536 E. New Haven Ave.
CHTY - S1 - ZIP		RNE FL 32904	DELETE		4.4 CITY - S 5.1 TITLE	T-ZIP	Melbourne, Florida 32901
TITLE	D Nash, C	MADUE	☐ DELETE) D :
NAME CTULL FOODLESS		ARBOR CITY BLVD.	SHITE 505		52 NAME 53 STREET	*DD0E66	Varnes, Mitch 580 Nightingale Drive
STREET ADDRESS (CITY-ST-ZIP		RNE FL 32901	ODITE SOO	- 1	5 4 CITY-S		Indialantic, Florida 32903
TITLE	D	1012 12 02001	DELETE		6.1 TITLE	II- EIF	D Change X Addition
NAME.	PALMER	CHUCK			6.2 NAME		HoSang, David
STREET ADDRESS		NAKER POINT CT.			6.3 STREET	ADDRESS	270 Naylor St., NE
C(TY+ST+ZIP		BCH FL 32937			6.4 CITY - 9	T- ZIP	Palm Ray Florida 32007
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.							