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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22071

1. Corporation Name

SPACE COAST EARLY INTERVENTION CENTER, INC.

Principal Place of Business

3661 S. BABCOCK ST.
STE D
MELBOURNE FL 32901
US

Mailing Address

3661 S. BABCOCK ST.
STE D
MELBOURNE FL 32901
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/17/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2858471

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARMER, BETTINA
1490 DOWD CT SE
PALM BAY FL 32909

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 **D** ☒ DELETE
NAME **BRENNICK, JACQUE**
STREET ADDRESS **325 E. EAU GALLIE BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **FARMER, BETTINA D.**
STREET ADDRESS **1490 DOWD CT. S.E.**
CITY-ST-ZIP **PALM BAY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **TORPEY, JIM**
STREET ADDRESS **190 PINELLAS LANE #509**
CITY-ST-ZIP **COCOA BEACH FL 32931**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **WHITTAKER, KEN**
STREET ADDRESS **670 ROSSMORE CIRCLE**
CITY-ST-ZIP **MELBOURNE FL 32940**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **NASH, CHARLIE**
STREET ADDRESS **930 S. HARBOR CITY BLVD. SUITE 505**
CITY-ST-ZIP **MELBOURNE FL 32901**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILLIAMS, MARY**
STREET ADDRESS **74 RIVERFALLS DR**
CITY-ST-ZIP **COCOA BEACH FL 32931**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407729-6858

CR2E037 (11/98)