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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:35

DOCUMENT # **N43964** **(8)**

1. Corporation Name
SPACE COAST OUTREARCH ASSISTANCE PROGRAM, INC.

Principal Place of Business	Mailing Address
450 LEE STREET SATELLITE BEACH FL 32937	450 LEE STREET SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1991
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-3076428 ☐ Applied For ☐ Not Applicable
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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEHNER, JUDITH A.
450 LEE STREET
SATELLITE BEACH FL 32932

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 _____
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	RIEFF, PHILIP L.	12 NAME		
STREET ADDRESS	177 SE 2ND STREET	13 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	COOK, LARRY	22 NAME	BONNIE CHATTERTON	
STREET ADDRESS	450 LEE AVENUE	23 STREET ADDRESS	3712 SECLUDED OAK CT	
CITY-ST-ZIP	SATELLITE BEACH FL	24 CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	DOYLE, CARLA	32 NAME		
STREET ADDRESS	4155 GRANT RD.	33 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☒ Addition
NAME	RATHBUN, CRAIG	42 NAME	GENE MCKEWAN	
STREET ADDRESS	792-F BRITTANY DR.	43 STREET ADDRESS	790 POINSETTA DR	
CITY-ST-ZIP	INDIALANTIC FL	44 CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LEONARD, REGINALD	52 NAME		
STREET ADDRESS	205 WILSON AVENUE	53 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	JORDAN, MARK	62 NAME		
STREET ADDRESS	90 S. POINCIANA	63 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH. FL	64 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)(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.

SIGNATURE: Philip L. Rieff PHILLIP L. RIEFF PRES/EXEC DIR 4-10-95 4077731675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038179

N43964

SPACE COAST OUTREACH ASSISTANCE PROGRAM INC
450 LEE AVE SATELLITE BEACH FL. 32937
407-773-7675

Reference Item #13 Additions

D
Davis Ed
5 North Poinciana
Satellite Beach FL. 32937

D
Mc Nabb Frank
710 Verbenia
Satellite Beach FL. 32937

D
Parker Richard
200 S. Harbour City Blvd
Melbourne FL. 32901

D
Shirley Mike Rev
450 Lee Ave
Satellite Beach Fl. 32937

D
Haase William
Trustee/Member
495 Coach Road
Satellite Beach FL.32937