FILE NOW: FILING FEE IS \$61.25			e Harris		<b>FILED</b> <b>Mar 11, 1999 8:00 am </b> <b>Secretary of State</b> 03-11-1999 90130 013 ****61.25			
DOCU 1. Corporation	1999 MENT # N49 'S CLUB OF TITUSV	-						
Principal Place of Business NORTH BREVARD SENIOR CENTER 909 LANE AVE TITUSVILLE FL 32780 US			Mailing Address P.O. BOX 1495 TITUSVILLE FL 32781 US					
2. Principal Place of Business 21			2a. Mailing Address 26			3. Date Incorporated or Qualifed 06/25/1992		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 59-1718442	Applied For	
22 City & State			City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip Country			Zip Country			6. Election Campaign Financing	\$5.00 May Be Added to Fees	
24	25 9. Name and Address					10. Name and Address of New Registere		
SWATON, EUNICE C. 81 Name Hiddge, ANN 82 Street Address (P.O. Box Number is Not Acceptable)								
4354 LONGBOW DR 3547 Muin Field Pr								
$\frac{774}{4}$								
84 City						F	L   3278	80
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 objections of, Section 617.0503, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of re	Hodge	policable, (NOTE: R	egistered Agent signature	required w	hen reinstating) DATE	(	
12.	· · · · · · · · · · · · · · · · · · ·	CERS AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFICERS A		IN 12 66 Addition 1
TITLE	PD Swaton, Eunice			1.1 TITLE 1.2 NAME	PD Ho	$\lambda = A_{\lambda}(\lambda)$		
	4354 LONGBOW DR			1.3 STREET ADDRESS	35	47 Muirtiele in		2E037
CITY-ST-ZIP	TITUSVILLE FL			1.4 CITY-ST-ZIP		<u>usuille, F1 32780</u>	Change [	Addition O
TITLE	VD HODGE, ANN		DELETE	2.1 TITLE 2.2 NAME	VP	LING. MARY		
STREET ADDRESS				2.3 STREET ADDRESS	18	VING, MARY 61 FRIARS COURT FUSVILLE, FI 32796		
CITY-ST-ZIP	TITUSVILLE FL 32780			2.4 CITY-ST-ZIP	$ T_0 $	rusville, F1 32796	Change -	Addition
TITLE NAME	VD Thomas, Pauline			3.1 TITLE 3.2 NAME	VD	ISEN BERNICE	C on ango 1	
STREET ADDRESS				3.3 STREET ADDRESS	15	NJEN, BERNICE		
CITY-ST-ZIP	TITUSVILLE FL 32496			3.4. CITY- ST-ZIP	+14	usuille, F1 32181	Change [	Addition
TITLE NAME	T WHITE, LORETTA			4.1 TITLE 4. 2 NAME		90 KEATS AVENUE		
STREET ADDRESS	ALLER REATE ANTENNE			4.3 STREET ADDRESS	44	90 KEATS AVENUE		
CITY-ST-ZIP	TITUSVILLE FL			4.4 CITY-ST-ZIP	-7 -		Change [	Addition
TITLE	S CAROSELLI, MARTHA			5.1 TITLE 5.2 NAME	MA	RSH, BEVERLY 75 Turpentine Ro	Li Change (	
STREET ADDRESS				5.3 STREET ADDRESS	21	15 Turpentine RO		
CITY-ST-ZIP	TITUSVILLE FL 32496			5.4 CITY-ST-ZIP	M	IMS, FI 32754		
TITLE				6.1 TITLE 6.2 NAME			Change [	Addition
NAME STREET ADDRESS				6.3 STREET ADORESS				
CITY-ST-7P				6.4 CITY- ST- ZIP				
in dia néa d	an this appual capacitor suc	nonce letter	short is true and accurs	ite and that my sid!	nature s	ction 119.07(3)(i), Florida Statutes. I further of hall have the same legal effect as if made up the built of the statutes and that		(d) (
Indicated of this animal report of supplemental interference of the corporation of the receiver of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR         Date								
SIGNA		NONA74	RELREQU	JIRED		3-1-99	267.	4144
UIGNA	SIGNATURE A		AME OF SIGNING OFFICER O			Date	Daytime Phone #	