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 JUL -5 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000002635 (1)

1. Corporation Name

SPACE COAST SEABIRD RESCUE AND REHABILITATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2210 FRONT STREET MELBOURNE FL 32901	2210 FRONT STREET MELBOURNE FL 32901

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3206414 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1465 Malibu Circle	26 1465 Malibu Circle
Suite, Apt. #, etc. 22 #102	Suite, Apt. #, etc. 27 #102
City & State 23 Palm Bay FL	City & State 28 Palm Bay FL
Zip / County 24 32905 25 Brevard	Zip / Country 29 32905 30 Brevard

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

9. Name and Address of Current Registered Agent

RHONE, GLENN R
2210 FRONT STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Rhone Glenn R
82 Street Address (P.O. Box Number is Not Acceptable): 1465 Malibu Circle NE
83: #102
84 City: Palm Bay FL 85 Zip Code: 32905

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	ST	11 TITLE	☑ Change ☐ Addition
NAME	RHONE, CHRISTOPHER	12 NAME	
STREET ADDRESS	2210 FRONT ST	13 STREET ADDRESS	1465 Malibu Circle NE #102
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	Palm Bay FL 32905
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SIMS, DANIEL SIMS DR	22 NAME	
STREET ADDRESS	305 PINEDA COURT	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	RUSSO, CLAUDE	32 NAME	Paul Pinlton
STREET ADDRESS	130 DELAND AVE	33 STREET ADDRESS	Rt one Box 178AA
CITY-ST-ZIP	INDIALANTIC FL	34 CITY-ST-ZIP	Talking Rock Ga. 30175
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Christopher Rhone 7/25/95 (407)676-7422
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0004439