


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000002635 (1)**

1. Corporation Name

SPACE COAST SEABIRD RESCUE AND REHABILITATION, I NC.



Principal Place of Business 12625 93 STREET STE-102 FELLSMERE FL 32948 US	Mailing Address 12625 93 STREET STE-102 FELLSMERE FL 32948-5404 US
---	--

3. Date Incorporated or Qualified 06/07/1993	3a. Date of Last Report 07/09/1996
--	--

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

4. FEI Number 59-3206414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RHONE, GLENN R 1465 MALIBU CIRCLE NE STE-102 PALM BAY FL 32909	
--	--

10. Name and Address of New Registered Agent 81 Name Rhone Glenn R 82 Street Address (P.O. Box Number is Not Acceptable) 12625 93 Street 83 84 City Feltsmere FL 85 Zip Code 32948	
--	--

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  DATE **5-20-97**

12. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> DELETE
NAME	RHONE, CHRISTOPHER
STREET ADDRESS	1465 MALIBU CIRCLE NE STE. 102
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMS, DANIEL SIMS DR
STREET ADDRESS	305 PINEDA COURT
CITY-ST-ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RINLZER, ROD
STREET ADDRESS	RT. ONE BOX 178AA
CITY-ST-ZIP	TALLEING RODZ GA 30175
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)