

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002762 (3)**

1. Corporation Name

**BUFA FOUNDATION, INC.**



Principal Place of Business <b>1727 N. ATLANTIC AVE. COCOA BEACH FL 32931</b>		Mailing Address <b>1727 N. ATLANTIC AVE. COCOA BEACH FL 32931</b>		3. Date Incorporated or Qualified <b>06/18/1993</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3189032</b>	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Country	29	Zip	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DACOSTA, STEPHANIE 1727 N. ATLANTIC AVE. COCOA BEACH FL 32931</b>		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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORNESS, RACHEL</b>	1.2 NAME	<b>GEIGER, LINDA</b>
STREET ADDRESS	<b>333 SOUTH ATLANTIC AVE.</b>	1.3 STREET ADDRESS	<b>12 HARBOR C</b>
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	1.4 CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTER, JACK ESO</b>	2.2 NAME	<b>FLAVIN, THOMAS</b>
STREET ADDRESS	<b>1980 N. ATLANTIC AVE., #412</b>	2.3 STREET ADDRESS	<b>3210 N. WICKHAM RD.</b>
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	2.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DACOSTA, STEPHANIE</b>	3.2 NAME	
STREET ADDRESS	<b>1980 N. ATLANTIC AVE., SUITE 601</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABINGTON, CHERYL</b>	4.2 NAME	
STREET ADDRESS	<b>1649 BAYSHORE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YAGER, PAM</b>	5.2 NAME	
STREET ADDRESS	<b>200 S. BANANA RIVER BLVD. #2202</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DIXON, JOYCE</b>	6.2 NAME	
STREET ADDRESS	<b>29 FAIRWAY DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH, FL 32931</b>	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.

**SIGNATURE:** **CHERYL BABINGTON, EXECUTIVE DIRECTOR** *Cheryl Babington* **APRIL 8, 1998 407-868-2229**

CR2E037 (10/97)