SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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FILED Sep 11 1998 8:00am

DOCUMENT # N9400000776 (4) SPACEPORT ROTARY OF TITUSVILLE FOUNDATION, INC. Principal Place of Business Malling Address POST OFFICE BOX 6802 TITUSVILLE FL 32782-6802 2. Principal Place of Business 2.a. Malling Address 2.a. Malling Address Sulte, Apt. #, etc. 2. Principal Place of Business 2. Election Campaign Financing Trust Fund Contribution City & State 3. Date incorporated or Qualified O2/14/1994 4. FEI Number 59-333 1060 5. Certificate of Status Desired City & State 3. Date incorporated or Qualified O2/14/1994 4. FEI Number 59-333 1060 5. Certificate of Status Desired City & State 3. Date incorporated or Qualified O2/14/1994 4. FEI Number 59-333 1060 5. Certificate of Status Desired City & State 3. Date incorporated or Qualified O2/14/1994 4. FEI Number 59-333 1060 5. Certificate of Status Desired 7. Is this nonprofit corporation owes or has parenous present property Tex due June Parenous Property Te	Yes No id the current year Intangible 30. Yes No glatered Agent
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TITLE VO. DIRECTOR DELETE TITLE	,
TITLE TO DIRECTOR DELETE LITTLE	
NAME BUTCHER, WILLIAM H	Change Addition
STREET ADDRESS 621 PARK AVE. 2.3 STREET ADDRESS	
CITY-ST-ZIP TITUSVILLE FL 2.4 GITASI-ZIP	
TITLE PRESIDENT ELECT DELETE SCHILE	Change Addition
NAME JAFFE, TODD B	_ , _
STREET ADDRESS 6770 SO WASHINGTON AVE. 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	
TITLE T DELETE 4.1 TITLE NAME FORBES, BARRY 4.2 NAME	Change Addition
STREET ADDRESS 100 DELANOY AVE. 4.3 STREET ADDRESS	
CITY-ST-ZIP COCOA FL 16 . 4.4 CITY-ST-ZIP	
TITLE PRESIDENT DELETE STITLE	Change Addition
NAME SMITH, ROBERT 52 NAME	<i>y</i>
STREEY ADDRESS 1231 GARDEN ST 5.3 STREET ADDRESS	J
CITYST-ZIP TITUSVILLE FL 10 5.4 CITY-ST-ZIP	
TITLE D DELETE 6.1 TITLE NAME LANDRENEAU, MICHAEL 62 NAME 80000268	
	Change Addition
STREET ADDRESS 1845 MEDICAL DRIVE 6.3 STREET ADDRESS ###81.25	3038. 1
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 furth indicated on this annual report or supplemental semical seport is true and accurate and that my signature shall have the same legal effect as if m an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes;	9098 74

in Block 12 or Block 13 if changed, or on strattachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR