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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:24

DOCUMENT # N94000000934 (9)

1. Corporation Name

SPACEPORT ROTARY CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 6802 TITUSVILLE FL 32782-6802	POST OFFICE BOX 6802 TITUSVILLE FL 32782-6802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report:
4. FEI Number: 59-3150316 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business — 21: / Suite, Apt #, etc. — 22: / City & State — 23: / Zip — 24: / Country — 25:
2a. Mailing Address — 26: / Suite, Apt #, etc. — 27: / City & State — 28: / Zip — 29: / Country — 30:

9. Name and Address of Current Registered Agent

GRIFFITH, FRANK J JR.
815 SOUTH WASHINGTON AVENUE
TITUSVILLE FL 32780

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 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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	MATRONI, ALAN R	1 2 NAME	
STREET ADDRESS	2815 LONG LAKE DRIVE	1 3 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL 32780	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	D/V ☐ Change ☐ Addition
NAME	KIMBALL, GARY L	2 2 NAME	
STREET ADDRESS	7003 CHALLENGER AVENUE	2 3 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL 32780	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	D/P ☐ Change ☐ Addition
NAME	BECK, EDWARD J	3 2 NAME	
STREET ADDRESS	410 INDIAN RIVER AVENUE	3 3 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL 32796	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	D/S ☐ Change ☐ Addition
NAME	GARRISON, JAMES W	4 2 NAME	
STREET ADDRESS	751 S. WASHINGTON AVENUE	4 3 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL 32780	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	T ☐ Change ☐ Addition
NAME	JENSEN, ROBERT E	5 2 NAME	Barry Forbes
STREET ADDRESS	1270 LITTLE OAK CIRCLE	5 3 STREET ADDRESS	100 Delannoy Avenue
CITY ST ZIP	TITUSVILLE FL 32780	5 4 CITY ST ZIP	Cocoa, FL 32922
TITLE	D	6 1 TITLE	D/V ☐ Change ☐ Addition
NAME	BUTCHER, WILLIAM E	6 2 NAME	REMITTED BY MAY 1
STREET ADDRESS	621 PARK AVENUE	6 3 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL 32780	6 4 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: [signature] Edward J. Beck — 4-27-95 — 407-269-1AL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032685