


FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified <b>02/24/1994</b>	
4. FEI Number <b>59-3150316</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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>GRIFFITH, FRANK J JR.</b> <b>1970 MICHIGAN AVENUE</b> <b>BUILDING E</b> <b>COCOA FL 32922</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>GARRISON, JIM</b>
STREET ADDRESS	<b>751 SO WASHINGTON AVE.</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 31</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>BUTCHER, WILLIAM H</b>
STREET ADDRESS	<b>621 PARK AVE.</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 55</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>JAFFE, TODD</b>
STREET ADDRESS	<b>6770 SO WASHINGTON AVE.</b>
CITY-ST-ZIP	<b>TITUSVILLE FL</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>FORBES, BARRY</b>
STREET ADDRESS	<b>100 DELLANNOY AVE.</b>
CITY-ST-ZIP	<b>COCOA FL 16</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>SMITH, ROBER</b>
STREET ADDRESS	<b>1231 GARDEN ST</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 10</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>LANDRENEAU, MICHAEL</b>
STREET ADDRESS	<b>1845 MEDICAL DRIVE</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 23</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Butcher, William H</b>
1.3 STREET ADDRESS	<b>621 Park Avenue</b>
1.4 CITY-ST-ZIP	<b>Titusville, FL 32794</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Smith, Robert</b>
2.3 STREET ADDRESS	<b>1231 Garden Street</b>
2.4 CITY-ST-ZIP	<b>Titusville, FL 32794</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Jaffe, Todd</b>
3.3 STREET ADDRESS	<b>6770 S. Washington Ave.</b>
3.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Nix, Terry</b>
4.3 STREET ADDRESS	<b>309 La Grange Ave</b>
4.4 CITY-ST-ZIP	<b>Titusville, FL 32794</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Forbes, Barry</b>
5.3 STREET ADDRESS	<b>100 Delannoy Ave</b>
5.4 CITY-ST-ZIP	<b>Cocoa, FL 32922</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Garrison, Jim</b>
6.3 STREET ADDRESS	<b>751 S. Washington Ave</b>
6.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>

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: *William H Butcher* 6-8-98

CR2E037 (10/97)