

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001026 (3)

1. Corporation Name

SPACE COAST ASSOCIATION OF THE DEAF, INC.



Principal Place of Business

Mailing Address

C/O MARY BETH CHUTO
170 VIA HAVARRE
MERRITT ISLAND FL 32953

C/O MARY BETH CHUTO
170 VIA HAVARRE
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, MELODY
347 BAY AVE #2
COCOA FL 32922

81 Name

Ronald DelaRosa

82 Street Address (P.O. Box Number is Not Acceptable)

1750 Viburnum Rd., NW

83

84 City

Palm Bay

FL

85 Zip Code

32907

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 **Ronald DelaRosa, President**

Ronald DelaRosa

03/02/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
NAME **GREEN, MELODY**
STREET ADDRESS **347 BAY AVE #2**
CITY-ST-ZIP **COCOA FL**

1.1 TITLE **Secretary** Change Addition
1.2 NAME **Melody Green**
1.3 STREET ADDRESS **1390 Holly Ave**
1.4 CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **T** DELETE
NAME **RUDIK, LISA**
STREET ADDRESS **2485 BONNY**
CITY-ST-ZIP **COCOA FL**

2.1 TITLE **Vice President** Change Addition
2.2 NAME **Martin Ayres**
2.3 STREET ADDRESS **55 Shady Lane**
2.4 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **T** DELETE
NAME **DELAROSA, RON**
STREET ADDRESS **1750 VIBURNUM RD NW**
CITY-ST-ZIP **PALM BAY FL**

3.1 TITLE **President** Change Addition
3.2 NAME **Ronald DelaRosa**
3.3 STREET ADDRESS **1750 Viburnum Rd NW**
3.4 CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE **D** DELETE
NAME **CHUTO, MIKE**
STREET ADDRESS **170 VIA HAVARRE**
CITY-ST-ZIP **MERRITT ISLAND FL**

4.1 TITLE **Trustee** Change Addition
4.2 NAME **Colleen Anderson**
4.3 STREET ADDRESS **1675 Mars Street**
4.4 CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **T** DELETE
NAME **CHUTO, MARY BETH**
STREET ADDRESS **170 VIA HAVARRE**
CITY-ST-ZIP **MERRITT ISLAND FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **KOLB, JOEY**
STREET ADDRESS **4021 JOY RD**
CITY-ST-ZIP **COCOA FL**

6.1 TITLE Change 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 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:

Mary Beth Chuto, Treasurer

Mary Beth Chuto **3-2-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)