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Apr 29 1998 8:00am
Secretary of State

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

4. FEI Number

59-3236994

Applied For

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELAROSA, RONALD
1750 VIBURNUM ROAD NW
PALM BAY FL 32907**

81 Name

MICHAEL CHUTO

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

170 VIA HAVARRE

83

84 City

MERRITT ISLAND

FL

85 Zip Code
32953

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 **MICHAEL CHUTO, BOARD OF DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Chuto

4/19/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AYRES, DAWN	
STREET ADDRESS	55 SHADY LANE	
CITY-ST-ZIP	ROCKLEDGE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELAROSA, DENISE	
STREET ADDRESS	1750 VIBURNUM RD. N.W.	
CITY-ST-ZIP	PALM BAY FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELAROSA, RONALD	
STREET ADDRESS	1750 VIBURNUM ROAD NW	
CITY-ST-ZIP	PALM BAY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHUTO, MIKE	
STREET ADDRESS	170 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CHUTO, MARY BETH	
STREET ADDRESS	170 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOLB, JOEY	
STREET ADDRESS	4021 JOY RD	
CITY-ST-ZIP	COCOA FL	

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Denise DelaRosa	
1.3 STREET ADDRESS	1750 Viburnum Rd NW	
1.4 CITY-ST-ZIP	Palm Bay, Fl 32907	

2.1 TITLE	Board of Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Justin Cardell	
2.3 STREET ADDRESS	627 Seaport Blvd	
2.4 CITY-ST-ZIP	Cape Canaveral, Fl 32920	

3.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cathy Mcleod	
3.3 STREET ADDRESS	3130 Royal Oak Dr.	
3.4 CITY-ST-ZIP	Titusville, Fl 32780	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **Mary Beth Chuto, Treasurer**

Mary Beth Chuto **4/19/98**

TDD 407-452-4233

CR2E037 (10/97)