


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90157 018 ****61.25

0020751

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001026					
1. Corporation Name SPACE COAST ASSOCIATION OF THE DEAF, INC.					
Principal Place of Business C/O MARY BETH CHUTO 170 VIA HAVARRE MERRITT ISLAND FL 32953			Mailing Address C/O MARY BETH CHUTO 170 VIA HAVARRE MERRITT ISLAND FL 32953		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/25/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3236994	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution <input type="checkbox"/>	
				\$8.75: Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CHUTO, MICHAEL 170 VIA HAVARRE MERRITT ISLAND FL 32953				81 Name MICHAEL E. 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** *Michael Chuto* **1-18-99**

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	BD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDELL, JUSTIN	1.2 NAME	MARY BETH CHUTO
STREET ADDRESS	627 SEAPORT BLVD	1.3 STREET ADDRESS	170 VIA HAVARRE
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	MERRITT ISLAND, FLA 32953
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELAROSA, DENISE	2.2 NAME	JOHN COZZI
STREET ADDRESS	1750 VIBURNUM RD. N.W.	2.3 STREET ADDRESS	53 SHADY LANE
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELAROSA, RONALD	3.2 NAME	SHARON GOOD
STREET ADDRESS	1750 VIBURNUM ROAD NW	3.3 STREET ADDRESS	1275 ALTMAN RD
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	MERRITT ISLAND, FLA 32952
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHUTO, MIKE	4.2 NAME	CATHERINE McLEOD
STREET ADDRESS	170 VIA HAVARRE	4.3 STREET ADDRESS	3130 ROYAL OAK DR.
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	TITUSVILLE, FLORIDA 32780
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUTO, MARY BETH	5.2 NAME	RONALD, DELAROSA
STREET ADDRESS	170 VIA HAVARRE	5.3 STREET ADDRESS	1750 VIBURNUM ROAD NW
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	PALM BAY, FLORIDA 32907
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	BD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLEOD, CATHY	6.2 NAME	RAUL MALDONADO
STREET ADDRESS	3130 ROYAL OAK DR	6.3 STREET ADDRESS	1254 cypress bend Cir, Melbourne, Fla
CITY-ST-ZIP	TITUSVILLE FL 32780	6.4 CITY-ST-ZIP	32934

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, with all other like empowered.

SIGNATURE: **CATHERINE McLEOD, TREASURER** *Catherine M. McLeod* **1-18-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)