2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-30-2002 90020 031 ****61.25

DOCUMENT # N94000001026

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3236994 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHUTO, MICHAEL 170 VIA HAVARRE MERRITT ISLAND FL 32953	Name: Douglas Horner Street Address (P.O. Box Number is Not Acceptable): 1940 Lake Atriums Cir #105 City: Orlando, FL Zip Code: 32839

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Douglas Horner, Vice President — DATE: 1-12-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHUTO, MARY B 170 VIA HAVARRE MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD Bosworth, Jackie 347 Lee Ave Satellite Beach, Fl 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HORNER, DOUGLAS 1940 LAKE ATRIUMS CIR #105 ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kathy Cozzi 587 Sylvia Rd Melbourne, Fl 32904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD HICKEY, THOMAS 1386 MARSH CREEK LANE ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD John Cozzi 587 Sylvia Rd Melbourne, Fl 32904	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCLEOD, CATHERINE 3130 ROYAL OAK DR. TITUSVILLE FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Michael Chuto 170 Via Havarre Merritt Island, Fl 32953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DELAROSA, RONALD 1750 VIBURNUM RD NW PALM BAY FL 32907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD MALDONADO, RAUL 1254 CYPRESS BEND CIR MELBOURNE FL 32934	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine McLeod Treasurer — Catherine McLeod — 1/14/02 — 269-2276

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