


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90108 018 \*\*\*\*61.25

<b>DOCUMENT # N94000001026</b> 1. Entity Name <b>SPACE COAST ASSOCIATION OF THE DEAF, INC.</b>					
Principal Place of Business <b>C/O MARY BETH CHUTO 170 VIA HAVARRE MERRITT ISLAND, FL 32953</b>			Mailing Address <b>C/O MARY BETH CHUTO 170 VIA HAVARRE MERRITT ISLAND, FL 32953</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3236994</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HORNER, DOUGLAS 1940 LAKE ATRIUMS CIR #105 ORLANDO, FL 32839</b>			7. Name and Address of New Registered Agent Name <b>Jean Marie Caouette</b> Street Address (P.O. Box Number is Not Acceptable) <b>5070 Market Street</b> City <b>Cocoa</b> FL <b>32927</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Jean Marie Caouette, Vice President</u> <i>Jean Marie Caouette</i> <b>4-17-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CHUTO, MARY B</b> <b>170 VIA HAVARRE</b> <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Horner, Douglas</b> <b>1940 Lake Atriums Cir #105</b> <b>Orlando, FL 32839</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HORNER, DOUGLAS</b> <b>1940 LAKE ATRIUMS CIR #105</b> <b>ORLANDO, FL 32839</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Jean Marie Caouette</b> <b>5070 Market Street</b> <b>Cocoa, FL 32927</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <b>HICKEY, THOMAS</b> <b>1366 MARSH CREEK LANE</b> <b>ORLANDO, FL 32828</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <b>Cozzi, Kathy</b> <b>266 Heavenley Street</b> <b>Merritt Island, FL 32953</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CHUTO, MICHAEL</b> <b>170 VIA HAVARRE</b> <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <b>Dotson, Dennis</b> <b>4123 Singing Creek Lane #83</b> <b>Orlando, FL 32809</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <b>BOSWORTH, JACKIE</b> <b>347 LEE AVE</b> <b>SATELLITE BEACH, FL 32937</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>COZZI, KATHY</b> <b>587 SYLVIA RD</b> <b>MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: Catherine McLeod, Treasure</b> <i>Catherine McLeod</i> <b>4/17/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					