


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90156 014 \*\*\*\*61.25

<b>DOCUMENT # N94000001026</b>					
1. Entity 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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COZZI, JOHN 266 HEAVENLY ST MERRITT ISLAND, FL 32953				Name <u>JAMES Caouette</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>5070 MARKET ST</u>	
				City <u>Cocoa</u> FL Zip Code <u>32927</u>	
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>JAMES Caouette</u> <u>James Caouette</u> <u>4-14-07</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COZZI, JOHN		NAME		
STREET ADDRESS	266 HEAVENLY ST		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHUTO, MICHEAL		NAME		
STREET ADDRESS	170 VIA HAVARRE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	BD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COZZI, KATHY		NAME		
STREET ADDRESS	266 HEAVENLY ST		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	BD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>JAMES Caouette</u>		NAME		
STREET ADDRESS	<u>5070 MARKET ST</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>COCOA, FL 32927</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>CATHERINE McLEOD</u> <u>Catherine McLeod</u> <u>4/14/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					