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Apr 16 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 # **N94000004379 (3)**

1. Corporation Name

SPACE COAST SPORTFISHING FOUNDATION, INC.

Principal Place of Business

Mailing Address

**535 DELANNOY AVE.
COCOA FL 32922
US**

**535 DELANNOY AVE.
COCOA FL 32922
US**

3. Date Incorporated or Qualified

09/01/1994

4. FEI Number

59-3292319

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 49 YAWL DRIVE

26 49 YAWL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 COCOA BEACH

27 COCOA BEACH

City & State

City & State

23 COCOA BEACH FL

28 COCOA BEACH, FL

Zip Country

Zip Country

24 32931

25

29 32931

30

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

**HOREY, RAYMOND S
49 YAWL DR.
COCOA BEACH FL 32931**

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE
NAME **TD HOREY, RAYMOND S**
STREET ADDRESS **49 YAWL DR.**
CITY-ST-ZIP **COCOA BEACH FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **PD HARRIS, DEWEY L**
STREET ADDRESS **490 GREENVIEW RD.**
CITY-ST-ZIP **MERRITT ISLAND FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VD PHIL WOODHAM**
STREET ADDRESS **1540 BLUEBERRY DR.**
CITY-ST-ZIP **TITUSVILLE FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **SD ALANA LOVE**
STREET ADDRESS **2145 CAPEVIEW ST.**
CITY-ST-ZIP **MERRITT ISLAND FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Raymond S. Horey

4/9/98

461-784-0471

CR2E037 (10/97)