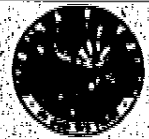


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandy B. Montgam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005916 (1)

1. Corporation Name

BREVARD SPACE COAST FLORIDA REGISTRY OF INTERPRETERS FOR THE DEAF, INC.

Principal Place of Business

Mailing Address

1275 ALTMAN DRIVE
MERRITT ISLAND FL 32952

P.O. BOX 561103
ROCKLEDGE FL 32956-1103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1994

3a. Date of Last Report

4. FEI Number
54-8204886

Applied For
Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOOD, SHARON A
1275 ALTMAN DRIVE
MERRITT ISLAND FL 32952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Sharon Good

Sharon Good

4/12/95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Chair-person (D)
NAME Linda Wolff-Lantgios
STREET ADDRESS 1207 Cheyenne Drive
CITY-STATE-ZIP Indian Harbour Bch, FL 32937

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

C0- Chair-person ☒ Change ☐ Addition
Sharon Good
1275 Altman Drive
Merritt Island, FL 32952

TITLE Secretay (D)
NAME Jeanne Swiacke
STREET ADDRESS 512 E. Palmetto Ave.
CITY-STATE-ZIP Melbourne, FL 32901

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

☐ Change ☐ Addition

TITLE Membership Chair-person (D)
NAME Sally King
STREET ADDRESS 2805 Lakeland Drive
CITY-STATE-ZIP Melbourne, FL 32934

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

☐ Change ☐ Addition

TITLE Treasurer (D)
NAME Jan Childs
STREET ADDRESS P.O. Box 1291 N/A
CITY-STATE-ZIP Melbourne FL 32902

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

Treasurer ☐ Change ☒ Addition
Jan Childs
P.O. Box 1291
Melbourne, FL 32902

TITLE Co-Chair
NAME N/A
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: Linda Wolff-Lantgios

Linda Wolff-Lantgios

4/12/95

(407) 984-4869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

DATE

Daytime Phone #