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

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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<br>MERRITT ISLAND FL 32952 | P.O. BOX 561103<br>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: 59-3204886 ☐ 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 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

GOOD, SHARON A
1275 ALTMAN DRIVE
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

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 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 | Chair-person (D) | 1.1 TITLE | CO- Chair-person | ☒ Change ☐ Addition |
| NAME | Linda Wolff-Lantgios | 1.2 NAME | Sharon Good | |
| STREET ADDRESS | 1207 Cheyenne Drive | 1.3 STREET ADDRESS | 1275 Altman Drive | |
| CITY-ST-ZIP | Indian Harbour Bch, FL 32937 | 1.4 CITY-ST-ZIP | Merritt Island, Fl 32952 | |
| TITLE | Secretay (D) | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Jeanne Swiacke | 2.2 NAME | | |
| STREET ADDRESS | 512 E. Palmetto Ave. | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Melbourne, FL 32901 | 2.4 CITY-ST-ZIP | | |
| TITLE | Membership Chair-person (D) | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Sally King | 3.2 NAME | | |
| STREET ADDRESS | 2805 Lakeland Drive | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | Melbourne, FL 32934 | 3.4 CITY-ST-ZIP | | |
| TITLE | Treasurer (D) | 4.1 TITLE | Treasurer | ☐ Change ☒ Addition |
| NAME | Jan Childs | 4.2 NAME | Jan Childs | |
| STREET ADDRESS | P.O. Box 1291 N/A | 4.3 STREET ADDRESS | P.O.Box 1291 | |
| CITY-ST-ZIP | Melbourne FL 32902 | 4.4 CITY-ST-ZIP | Melbourne, Fl 32902 | |
| TITLE | Co-Chair | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | N/A | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

$87.50

**REMITTED BY MAY 1**

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 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:** Linda Wolff-Lantgios Linda Wolff-Lantgios 4/12/95 (407)984-4869
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0034440