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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005916 (1)

1. Corporation Name

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

Principal Place of Business

1275 ALTMAN DRIVE
MERRITT ISLAND FL 32952

Mailing Address

PO BOX 60393
PALM BAY FL 32906-0393
US3. Date Incorporated or Qualified
12/02/19943a. Date of Last Report
05/01/1996

4. FEI Number

59-3289886

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

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 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

Sharon Good SHARON GOOD

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME PATCHIN, MARIETTA
STREET ADDRESS 3081 MARY ST
CITY - ST - ZIP W MELBOURNE FLTITLE SD ☒ DELETE
NAME HAYNES, TABITHA
STREET ADDRESS 760 BUTTWOOD DR
CITY - ST - ZIP MERRITT ISLAND FLTITLE MCD ☒ DELETE
NAME KING, SALLY
STREET ADDRESS 2805 LAKEWOOD DRIVE
CITY - ST - ZIP MELBOURNE FL 32934TITLE TD ☒ DELETE
NAME CHILDS, JAN
STREET ADDRESS P.O. BOX 1291 N/A
CITY - ST - ZIP MELBOURNE FL 32902TITLE CO ☒ DELETE
NAME THOMAS, MARIA
STREET ADDRESS 35 DIANA BLVD
CITY - ST - ZIP MERRITT ISLAND FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME N/A
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME MCD
3.3 STREET ADDRESS JEANNE SWICKLI
3.4 CITY - ST - ZIP 512. E. PALMISTO AVE
MELBOURNE, FL 329014.1 TITLE ☒ Change ☐ Addition
4.2 NAME TD
4.3 STREET ADDRESS SHARON GOOD
4.4 CITY - ST - ZIP 1275 ALTMAN DR
MERRITT ISLAND, FL 329525.1 TITLE ☐ Change ☐ Addition
5.2 NAME CO
5.3 STREET ADDRESS HEIDI HOLLINGSWORTH
5.4 CITY - ST - ZIP 171 AQUARIUS ST
PALM BAY, FLORIDA 329096.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25,

407 984-4869

CP2E037 (9/96)