

FILE NOW: FILING FEE IS \$61.25

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Mar 31 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 # **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**

**PO BOX 60393
PALM BAY FL 32906-0393
US**

**405 Anchor Key
Melbourne Beach, FL 32951**

2. Principal Place of Business

2a. Mailing Address

405 Anchor Key
Suite, Apt. #, etc.

405 ANCHOR KEY
Suite, Apt. #, etc.

Melbourne Beach FL
City & State

Melbourne Beach FL
City & State

32951
Zip

32951
Zip

Country

USA
Country

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
Paryzek, Pearl
82 Street Address (P.O. Box Number is Not Acceptable)
405 Anchor Key
83
Melbourne Beach
84 City
FL
85 Zip Code
32951

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 **Pearl Paryzek, Tres.** **PEARL PARYZEK TRES./D** **3/28/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	PATCHIN, MARIETTA	
STREET ADDRESS	3081 MARY ST	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	MCD	<input checked="" type="checkbox"/> DELETE
NAME	SWIACKI, JEANNE	
STREET ADDRESS	512 E PALMETTO AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GOOD, SHARON	
STREET ADDRESS	1275 ALTMAN DDR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	CO	<input checked="" type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, HEIDI	
STREET ADDRESS	171 AQUARIUS ST	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOORE, LOUISE	
1.3 STREET ADDRESS	1090 Daytona Dr.N.E.	
1.4 CITY-ST-ZIP	PALM BAY, FL. 32905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JENSEN, LINDA	
2.3 STREET ADDRESS	315 Decordre Rd. S.E.	
2.4 CITY-ST-ZIP	Palm Bay, FL. 32909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HALL, DONNA	
3.3 STREET ADDRESS	116 Donald Ave.N.E.	
3.4 CITY-ST-ZIP	Palm Bay, FL. 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PARYZEK, PEARL	
4.3 STREET ADDRESS	405 Anchor Key	
4.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **Sharon E. Good** **3/20/98** **407-725-6155**

CR2E037 (10/97)