

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR -4 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006108

1. Corporation Name

THE PALM BAY DEVELOPMENT CORPORATION

Principal Place of Business

939 SABLE CIRCLE SE
PALM BAY FL 32909
US

Mailing Address

P O BOX 100280
PALM BAY FL 32910-0280
US



21. Principal Place of Business 21 11280 C.R. 507 Suite, Apt. #, etc.	22. Mailing Address 22 P.O. Box 279 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/14/1994
23. City & State 23 Fellsmeere FLA City & State	24. City & State 24 Fellsmeere FLA City & State	4. FEI Number 59-3298248 Applied For Not Applicable
25. Zip 25 32948 Country 25 USA	26. Zip 26 32948 Country 26 USA	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. Name and Address of Current Registered Agent BENTON, MR. RICHARD E E 1415 E PIEDMONT STREET SUITE 4 TALLAHASSEE FL 32312
8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City TALLAHASSEE FL 85 Zip Code 32302		9. Date 3-3-99

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 William J. Roberts
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, TOM B 939 SABLE CIR PALM BAY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002796834--2 -03/05/99--01122--007 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KAVANAGH, JANET 107 WHIRL ST SW PALM BAY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, ROBERT 939 SABLE CIRCLE S.E. PALM BAY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, HECTOR 11280 C.R. 507 FELLSMEERE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Tom Adams 2-20-99 561-570-0577
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0019095

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