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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Aug 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N95000002775 (3)

## SPACE COAST CHAPTER OF THE INTERNATIONAL FACILITY MANAGEMENT ASSOCIATION, INC.

| Principal Place of Business Mailing Address  |                 |                             |                         |  |                        |                            |             |                          | 1 100/1107 319 10/10/ 50/4 00/11 00/11 00/11 00/11 00/11 1/2/10 1/2/11/2/1  |
|--|-----------------|-----------------------------|-------------------------|--|------------------------|----------------------------|-------------|--------------------------|---|
| 1 EAST GREENWAY PLAZA  |                 |                             |                         | 1 EAST GREENWAY PLAZA                      |                        |                            |             |                          |   |
| SUITE 1100   | 77046           |                             |                         | SUITE 1100<br>HOUSTON TX 77046-0194        |                        |                            |             |                          |   |
| HOUSTON TX 77046   |                 |                             | 110                     | HOUSION IX HONOVIN                         |                        |                            |             |                          | 3. Date Incorporated or Qualified 06/13/1995 3a. Date of Last Report 02/28/1996   |
| 2. Principal P   | lace of Busin   | ness                        | 28.                     | 26. Mailing Address<br>26                  |                        |                            |             |                          | 4. FEI Number Applied For   |
| 21   |                 |                             |                         |  |                        |                            |             |                          | NOT APPLICABLE Not Applicable   |
| Suite, Apt.  | . #, etc.       |                             | - ⊢¬                    | Suite, Apt. #, etc.                        |                        |                            |             |                          | 5. Certificate of Status Desired S8.75 Additional   |
| City & State   | do.             |                             | 27                      | City & State                               |                        |                            |             |                          |   |
| 23   | .0              |                             |                         | 28   |                        |                            |             |                          | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |
| Zip Country  |                 |                             |                         | Zip Country                                |                        |                            |             |                          | 8. This corporation has liability for intangible taxander s. 199.032,   |
| 24   | I               | 25                          | 29                      | •  | 30                     | -                          |             |                          | Florida Statutes Yes No   |
|  | 9. Name         | e and Address of Curren     | nt Regist               | ered Agent                                 |                        |                            | _           |                          | 10. Name and Address of New Registered Agent  |
|  |                 |                             |                         |  |                        | 81                         | 1           | Name                     | · <del></del>   |
|  | RPORATION       |                             |                         |  |                        | 82                         | ١,          | Street Add               | dress (P.O. Box Number is Not Acceptable)   |
| 1200 SOUTH PINE ISLAND ROAD  |                 |                             |                         | 83   |                        |                            | L           |                          |   |
| PLANTATION FL 33324  |                 |                             |                         |  |                        |                            |             |                          |   |
|  |                 |                             |                         |  |                        | 84                         | 1           | City                     | 85 Zip Code   |
| 14 5 5 5 6   | · · · 41 · · ·  | 1 1 O - 1 0 12 OF C         |                         | to seen the day of                         |                        |                            |             | •                        | PL  |
| 11. Pursuani<br>office or r  | to the provis   | gent, or both, in the State | i2 and 6 i<br>of Florig | i7.1508, Florida Ste<br>da, Such change wi | atutes, tr<br>as autho | he above<br>orized by      | e-n<br>y th | named corp<br>he corpora | rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered |
| agent. I a   | am familiar w   | with, and accept the obliga | ations of,              | , Section 617.0503,                        | , Florida              | Statutes                   | S.          |                          | •   |
| SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature r  |                 |                             |                         |  |                        |                            |             | signature regui          | Ared when reinstating) DATE   |
| 12.  | Oldinama, Above | OFFICERS AN                 |                         |  |                        | 13.                        | b.1         | Mg naturo respon         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE  | D               | <del></del>                 |                         | DELETE                                     |                        | 1.1 TITLE                  |             |                          | Change Addition   |
| NAME   | _               | WORTH, DENNIS L             |                         |  |                        | 1.2 NAME                   |             |                          |   |
| STREET ADDRESS   |                 | T GREENWAY PLAZA            |                         |  |                        | 1.3 STREET                 | T AD        | DRESS                    |   |
| CITY-ST-ZIP  | HOUST           | TON TX 77046                |                         |  | 1                      | 1.4 CITY+S                 | ST-7        | ZIP                      |   |
| TITLE  | D               |                             |                         | DELETE                                     |                        | 2.1 TITLE                  | _           |                          | Change Addition   |
| NAME   |                 | /, DAVID J                  |                         |  | 1                      | 2.2 NAME                   |             |                          |   |
| STREET ADDRESS   |                 | T GREENWAY PLAZA            |                         |  |                        | 2.3 STREET                 | I AD        | DRESS                    |   |
| CITY-ST-ZIP  |                 | TON TX 77046                |                         | DELETE.                                    |                        | 2. 4 CITY-5                | ST-         | ZIP                      |   |
| TITLE  | D               |                             |                         | DELETÉ                                     |                        | 3.1 TITLE                  |             |                          | Pamela Ewton Dechange Addition  |
| NAME   |                 |                             |                         |  |                        | 3.2 NAME                   |             |                          | 1 Marie III   |
|  | HALLOWALL WIL   |                             |                         |  |                        | 3.3 STREET                 |             | 1                        |   |
| CITY-ST-ZIP  | HUUSI           | UN IX                       |                         | DELETE                                     |                        | 3.4. CITY - S<br>4.1 TITLE | <u>st-</u>  | ZIP                      | Change Addition   |
| TITLE<br>NAME  |                 |                             |                         |  |                        |                            |             |                          | Ci numbra Ci vancon   |
|  |                 |                             |                         |  |                        | 4. 2 NAME<br>4.3 STREET    |             | 200000                   |   |
| STREET ADDRESS CITY-ST-7IP   |                 |                             |                         |  |                        | 4.4 CITY-S                 |             |                          |   |
| TITLE  | <del> </del>    |                             |                         | DELETE                                     |                        | 5.1 TITLE                  | 31-2        | ZIP .                    | Change Addition   |
| NAME   | 1               |                             |                         | <u></u>                                    |                        | 5.2 NAME                   |             | 1                        | <del>-</del> ·• -   |
| STREET ADDRESS   |                 |                             |                         |  |                        | 5.3 STREET                 |             | )DAESS                   |   |
| CITY-ST-ZIP  |                 |                             |                         |  |                        | 5.4 CITY-S                 |             |                          | :   |
| TITLE  | <u> </u>        |                             |                         | DELETE                                     |                        | 6.1 THLE                   | _           |                          | Change Addition   |
| NAME   |                 |                             |                         |  |                        | 6.2 NAME                   |             | -                        |   |
| STREET ADDRESS   |                 |                             |                         |  | 1                      | 6.3 STREET                 | T AD        | DORESS                   |   |
| CITY-ST-ZIP  | <u> </u>        |                             |                         |  |                        | 6.4 CITY-S                 | ST-7        | ZIP                      |   |
| 14. I do herel   | by certify the  | at the information supplier | d with thi              | is filing does not qu                      | ualify for             | r the exe                  | amp         | ption state              | od 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 cath; 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. |                 |                             |                         |  |                        |                            |             |                          |   |
| appears i  | in Block 12 d   | or Block 13 if changed, or  | r on an a               | ittachment with an i                       | address                | S.                         |             |                          |   |