FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N95000002775

SPACE COAST CHAPTER OF THE INTERNATIONAL FACILIT Y MANAGEMENT ASSOCIATION, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business 1 EAST GREENWAY, PLAZA SUITE 1100 HOUSTON TX 77046

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

1 EAST GREENWAY PLAZA **SUITE 1100** HOUSTON TX 77046

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILED

03-14-1999 90010 042 ****61.25

Mar 14, 1999 8:00 am § Secretary of State

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

06/13/1995

FEI Number

CT CORPORATION SYSTEM			82	Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD			83						
PLANTATION FL 33324									
			84	City		85	Zip Co	de	
			i			L	in a liter or	raistored	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OUTE OUTE									
Signature, typed or printed name of registered agent and the ir applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				ARRIVATION AND DESCRIPTION OF THE PROPERTY OF					
	D OFFICERO AND DIRECTORS	DELETE	1.1 TITLE				nange	☐ Addition	
TITLE	LONGWORTH, DENNIS L	_	1.2 NAME	J			٠	j	
NAME			1.3 STREET	ADDRESS					
STREET ADDRESS	HOUSTON TX 77046		14 CITY-ST						
CITY-ST-ZIP	D	DELETE	2.1 TITLE	-201		C	hange	Addition	
TITLE	BRADY, DAVID J	3,7	2.2 NAME						
NAME	1 EAST GREENWAY PLAZA		2.3 STREET	ADDRESS					
STREET ADDRESS	HOUSTON TX 77046		2.4 CITY-S					.	
CITY-ST-ZIP	100310N 1X 77040		3.1 TITLE	1-44	-D	Dc	hange	✓ Addition	
TITLE	EWTON. PAMELA		3.2 NAME		BEVERLY, LINDA W				
NAME	1 EAST GREENWAY PLAZA, SUITE 1100		3.3 STREET	Anness	1 E GREENWAY PLAZA, SUITE	1100			
STREET ADDRESS	HOUSTON TX		3.4. CITY-S		HOUSTON, TX 77046	1100			
CITY-ST-ZIP	HOUSTON IX	DELETE	4.1 TITLE	1-217	HUUSTUN, 17 // 140	c	hange	☐ Addition	
TITLE		<u> </u>	4.2 NAME					!	
NAME			4.3 STREET	ADDRESS				Į.	
STREET ADDRESS					<i>,</i>				
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	1-212			hange	Addition	
TITLE		C DECEME	5.2 NAME			_	•	_	
NAME				TADDRESS				1	
STREET ADDRESS			5.4 CITY-S		 			1	
CITY-ST-ZIP		DELETE	6.1 TITLE	1-212		ПС	hange	Addition	
TITLE		C Derrie	6.2 NAME				•		
NAME				T ADDRESS				[
STREET ADDRESS					·			~	
CITY-ST-ZIP		117 6 44	6.4 CITY-S		d in Section 119 07(3)(i) Florida Statutes I further	certify th	at the in	formation	

Country

Name

I nereby 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. 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated