FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

N95000003054 (2) DOCUMENT #

1. Corporation Name

PALM COAST CHAPTER - NAADAC, INC.

1008 STILLW JUPITER FL		1008 STILLWATER DRIVE JUPITER FL 33458							
						3. Date Incorporated or Qualified 3a. Date 106/26/1995	te of Last	t Report	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0621536		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	T	5 Additional Required	
City & State	е	City & State				6. Election Campaign Financing	\$5.0	00 Мау Ве	
23		28				Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip		untry		8. This corporation has liability for intangible ta		s. 199.032,	
24	25	29	30	,	-	Florida Statutes Yes			
9. Name and Address of Current Registered Agent 8						10. Name and Address of New Registered	(Seur		
DODEDTE WHITMAN I					Name				
ROBERTS, WILLIAM J 374 NE JONQUIL STREET					82 Street Address (P.O. Box Number is Not Acceptable)				
					83				
1 0111 0	, 20012 1 2 0 1000				<u> </u>		755 7	6- O-d-	
				84	City	FL	85 Z	ip 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 Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE									
	Signature, typed or printed name of registered agent OFFICERS ANI		TE: Registere 13.		signature requ	ired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECT	OPS IN 12	
12. TITLE	OFFICERS ANI	DELETE	111		-		Change		
NAME		Decert		NAME		TREASURER /Director	_] o.ia.ig	Addition	
					ADDRESS	Catherine D'Aoust			
STREET ADDRESS					112 Belmont Drive				
CITY-ST-ZIP TITLE		DELETE	1.4 CITY 2.1 TITLE		1-21P	Royal Palm, Beach, FL 33	1 Charloe	□∧ ddition	
NAME		C.J = === : =		NAME		Secretary / Director		$\overline{\mathbf{x}}$	
STREET ADDRESS	ļ				ADDRESS	Cynthia Dancer			
City-St-ZiP	1			CITY-S		1008 Stillwater Drive			
T:TLF		DELETE	3.17		·	Jupiter, FL 33458	Change	Addition	
NAME			3.28			President /Director		x	
STREET ADDRESS			3.3 9	STREET	ADDRESS	William Roberts			
CITY-ST-ZIP			3.4	CITY-S	1-2IP	374 NE Jonquil St.			
TITLE		DELETE	4.11	TITLE		Port St Lucie, FL 3498	Change	Addition	
NAME			4. 2	NAME		Director Billie Wilson		X	
STREET ADDRESS			4.3 9	STREET	ADDRESS	14889 Tangelo Blvd.			
CITY-ST-ZIP				CITY-SI	r-ZIP	Palm Bch Gardens, FL 3	-2-1	F	
TiTLE		☐ DELETE	5.1 T			raim Ben Gardens, FL 3	Gnange	Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE		CITY-SI	r-ZIP		Change	☐ Addition	
TITLE		T-locre is	6.11			·	_1 c. rauñe	LT vancou	
NAME				NAME	*DDDCOO	/- /-	1) . V	
STREET ADDRESS					ADDRESS	# peposited. A	1 =	sank	
14. I do herel	i by certify that the information supplied :	with this filling is voluntarily furni	ished and	does	not qualif	v for the exemption stated in Section 119.07(3)(k). Flo	rida Stati	ites. I further	
certify that oath; that	at the information indicated on this anni	ial report or supplemental annu iration or the receiver or trustee	ual report e empowe	is tru	e and accu	urate and that my signature shall have the same legal this report as required by Chapter 617, Florida Statuti	effect as	if made under	

OU OX STAND STAND BROKER, Secretary 1/20/96-407/747-4783 SIGNATURE: