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FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003164 (9)

1. Corporation Name

SPACE COAST SENIOR GAMES, INC.



Principal Place of Business

980 RICHLAND AVE.
MERRITT ISLAND FL 32955

Mailing Address

980 RICHLAND AVE.
MERRITT ISLAND FL 32953-3227

2. Principal Place of Business

21 360 Newfound Harbor Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 360 Newfound Harbor Dr.
Suite, Apt. #, etc.

City & State

23 Merritt Island, FL

City & State

28 Merritt Island FL 32952

Zip

24 32952

Country

25 USA

Zip

29 32952

Country

30 USA

9. Name and Address of Current Registered Agent

HAMILTON, CAROL
980 RICHLAND AVE
MERRITT ISLAND FL 32955

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

09/03/1996

4. FEI Number

59-3325021

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

CAROL BEEBE

82 Street Address (P.O. Box Number is Not Acceptable)

360 Newfound Harbor Dr.

83

84 City

Merritt Island

FL

85 Zip Code

32952

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

Carol Bebe

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ED
HAMILTON, CAROL
STREET ADDRESS 980 RICHLAND AVE.
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ DELETE

NAME T
HELLENBERG, RICHARD
STREET ADDRESS 3091 PANAMA DR.
CITY-ST-ZIP MELBOURNE FL 32934

TITLE ☐ DELETE

NAME T
GRIESHABER, ILENE
STREET ADDRESS 1980 N. ATLANTIC AVE., SUITE 301
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ED
CAROL BEEBE
1.3 STREET ADDRESS 360 Newfound Harbor Dr.
1.4 CITY-ST-ZIP Merritt Island, FL 32952

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***61.25

14. I do 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:

Carol Bebe REQUIRED

4/30/97 407-459-0518

CR2E037 (9/96)