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FILED  
Feb 11 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 # N96000001940 (3)

1. Corporation Name

COMEUNITY, INC.

Principal Place of Business

803 N FISKE BLVD  
COCOA FL 32922

Mailing Address

P O BOX 360884  
MELBOURNE FL 32936-0884

3. Date Incorporated or Qualified  
04/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 840 N. Cocoa Blvd

Suite, Apt. #, etc.

22 Suite B

City & State

23 Cocoa, FL

Zip

24 32922

Country

25 Brevard

2a. Mailing Address

26 PO Box 1287

Suite, Apt. #, etc.

City & State

28 Cocoa, FL

Zip

29 32923

Country

30 Brevard

4. FEI Number

59-3380450

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPAULDING, EARTHY  
803 N FISKE BLVD  
COCOA FL 32922

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SPAULDING, EARTHY  
STREET ADDRESS 1896 CLOVER CIRCLE  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☒ DELETE

NAME GRAYSON, AUDREY  
STREET ADDRESS 225 6 TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE D ☐ DELETE

NAME PHILLIPS, PETER  
STREET ADDRESS 1710 FLAMEVIEW PLACE  
CITY-ST-ZIP VALKARIA FL 32950

TITLE D ☐ DELETE

NAME FRANCIS, LENNOX  
STREET ADDRESS 1830 OAK DRIVE SOUTH  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ DELETE

NAME JACKSON, JAMES  
STREET ADDRESS 1100 WEDGEWOOD LANE  
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ DELETE

NAME BARBER, DONALD  
STREET ADDRESS 1770 WINDOVER OAKS #44  
CITY-ST-ZIP TITUSVILLE FL 32780

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

*[Signature]* 32922-47

CR2E037 (9/96)