

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # N96000003246 (3)
1. Corporation Name
THE CO-OP COFFEEHOUSE CLUB, INC.



Principal Place of Business 405 NORTH LAKESIDE DR. SATELLITE BEACH FL 32937	Mailing Address 405 NORTH LAKESIDE DR. SATELLITE BEACH FL 32937-3818
---	--

2. Principal Place of Business 21 100 W. STRAWBRIDGE AVE Suite, Apt. #, etc. 22 B-12 City & State 23 MELBOURNE FL Zip 24 32902		2a. Mailing Address 26 100 W STRAWBRIDGE AVE Suite, Apt. #, etc. 27 B-12 City & State 28 MELBOURNE FL Zip 29 32902		3. Date Incorporated or Qualified 06/17/1996		3a. Date of Last Report 1st Report	
		4. FEI Number 59-3388821		Applied For <input checked="" type="checkbox"/> Not Applicable			
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees			
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent BARBOUR, DANA C 405 NORTH LAKESIDE DR. SATELLITE BEACH FL 32937				10. Name and Address of New Registered Agent 81 Name ROGER N. McDONALD 82 Street Address (P.O. Box Number is Not Acceptable) 100 W. STRAWBRIDGE AVE B-12 83 84 City MELBOURNE FL 85 Zip Code 32902			
---	--	--	--	--	--	--	--

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 617.0303, Florida Statutes.

SIGNATURE Roger N. McDonald PRESIDENT ROGER N. McDONALD 4/20/97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VINCENT, DAVID M	1.2 NAME	
STREET ADDRESS	2591 BRETT COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BARBOUR, DAN C	2.2 NAME	ROGER N. McDONALD
STREET ADDRESS	405 NORTH LAKESIDE DR.	2.3 STREET ADDRESS	100 W. STRAWBRIDGE AVE B-12
CITY-ST-ZIP	SATELLITE BEACH FL 32937	2.4 CITY-ST-ZIP	MELBOURNE FL 32902
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KELLEY, TERRANCE	3.2 NAME	
STREET ADDRESS	201 ADAMS AVE., #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Lawrence R. Smith 4/20/97 401-768-2553
Lawrence R. Smith

CR2E037 (9/96)