

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003246 (3)**

1. Corporation Name

THE CO-OP COFFEEHOUSE CLUB, INC.



Principal Place of Business 100 W. STRAWBRIDGE AVE B-12 MELBOURNE FL 32902 US	Mailing Address 100 W. STRAWBRIDGE AVE B-12 MELBOURNE FL 32902 US
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3. Date Incorporated or Qualified 06/17/1996	4. FEI Number 59-3388821	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCDONALD, ROGER N 100 W. STRAWBRIDGE AVE B-12 MELBOURNE FL 32902	
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10. Name and Address of New Registered Agent 81. Name MCDONALD, ROGER N. 82. Street Address (P.O. Box Number is Not Acceptable) 100 W. STRAWBRIDGE AVE 83. B-12 84. City MELBOURNE FL 85. Zip Code 32902	
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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 *Roger N. McDonald* **ROGER N. MCDONALD** Treasurer **4/28/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, DAVID M	1.2 NAME	(SAME)
STREET ADDRESS	2591 BRETT COURT	1.3 STREET ADDRESS	(SAME)
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, ROGER N	2.2 NAME	(SAME)
STREET ADDRESS	100 W. STRAWBRIDGE AVE., B-12	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, TERRANCE	3.2 NAME	D LAWRENCE R. SMITH
STREET ADDRESS	201 ADAMS AVE., #1	3.3 STREET ADDRESS	1350 GRANT ROAD
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	GRANT, FL. 32949
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D BRADLY KEELER
STREET ADDRESS		4.3 STREET ADDRESS	981 Eldon Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PAIM Bay, FL. 32909
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 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: *Roger N. McDonald* **ROGER N. MCDONALD** **4/28/98** **(407) 727-3600 X62**

CP2E037 (10/97)