


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90006 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000003246</b>					
1. Corporation Name <b>THE CO-OP COFFEEHOUSE CLUB, INC.</b>					
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		



2. Principal Place of Business 21 <b>2808 Shepard Drive</b>		2a. Mailing Address 26 <b>2808 Shepard Drive</b>		3. Date Incorporated or Qualified <b>06/17/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3388821</b>	
22		27		Applied For <input checked="" type="checkbox"/> Not Applicable	
23 City & State <b>ROCKLEDGE FLORIDA</b>		28 City & State <b>ROCKLEDGE FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32955-3822</b>		29 Zip <b>32955-3822</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>BREVARD</b>		Country <b>BREVARD</b>		30	

9. Name and Address of Current Registered Agent <b>MCDONALD, ROGER N</b> <b>100 W. STRAWBRIDGE AVE</b> <b>B-12</b> <b>MELBOURNE FL 32902</b>				10. Name and Address of New Registered Agent 81 Name <b>ROGER N. MCDONALD</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2808 Shepard Drive</b> 83 84 City <b>Rockledge</b> FL 85 Zip Code <b>32955-3822</b>			
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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** TREASURER - **ROGER N. MCDONALD** 7/1/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - DIRECTOR			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	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	D	<input type="checkbox"/> DELETE	2.1 TITLE	TREASURER - DIRECTOR			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, ROGER N		2.2 NAME					
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	VICE-PRESIDENT - DIRECTOR			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, LAWRENCE R		3.2 NAME	DEBBIE SPADT				
STREET ADDRESS	1350 GRANT ROAD		3.3 STREET ADDRESS	932 BOLTON LANE				
CITY-ST-ZIP	GRANT FL 32949		3.4 CITY-ST-ZIP	ROCKLEDGE, FL. 32955				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY - DIRECTOR			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEELER, BRADLY		4.2 NAME					
STREET ADDRESS	981 ELDRON BLVD		4.3 STREET ADDRESS					
CITY-ST-ZIP	PALM BAY FL 32909		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 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, with all other like empowered.

SIGNATURE: **Roger N. McDonald** 7/1/99 (407) 636-3630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** Date Daytime Phone #

CR2E037 (5/99)