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Mar 05 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 # **N96000003413 (9)**

1. Corporation Name

SPACE COAST REACT, INC. TEAM #4577



Principal Place of Business	Mailing Address
P.O. BOX 360292 MELBOURNE FL 32936-0292	P.O. BOX 360292 MELBOURNE FL 32936-0292

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	6. Certificate of Status Desired	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
06/26/1996	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number	5. Election Campaign Financing Trust Fund Contribution	
59-2436868	<input type="checkbox"/> \$5.00 May Be Added to Fees	
	7. Is this nonprofit corporation a homeowners association?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
POWER, KAREN 2949 GARDEN TERR. NE PALM BAY FL 32905	

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Karen A Power* KAREN A POWER SECRETARY DATE 2/25/98

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WILLIAMS, ROGER
STREET ADDRESS	1140 MCCLENDON ST.
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	VD
NAME	HIENTZELMAN, KIPP
STREET ADDRESS	305 W. CHARLES DR.
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	SD
NAME	HALL, MICHELLE
STREET ADDRESS	461 HELICON AVE. N.W.
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	WALT YOUNG
1.3 STREET ADDRESS	1220 JASMINE DR
1.4 CITY-ST-ZIP	MELBOURNE, FL 32901
2.1 TITLE	VD
2.2 NAME	BILL COX
2.3 STREET ADDRESS	483 EMPEROR CT
2.4 CITY-ST-ZIP	PALM BAY, FL 32907
3.1 TITLE	SD
3.2 NAME	KAREN POWER
3.3 STREET ADDRESS	2949 GARDEN TERR NE
3.4 CITY-ST-ZIP	PALM BAY, FL 32905
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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: *Karen A Power* KAREN POWER 2/25/98 407-722-9840

CR2E037 (10/97)