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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90200 014 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004106

1. Corporation Name

REUSABLE RESOURCES ADVENTURE CENTER, INC.

Principal Place of Business

2255 MEADOWLANE AVE., W.  
MELBOURNE FL 32904

Mailing Address

P.O. BOX 380507  
MELBOURNE FL 32936  
US



\* 4 6 3 3 5 1 - 9 0 2 0 0 - 1 4 \*



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

59-3391714

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

9. Name and Address of Current Registered Agent

FRESE, GARY B  
930 S. HARBOR CITY BLVD.  
SUITE 505  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 NATIONS, ZEKE  
STREET ADDRESS 2061 PALM BAY ROAD N.E. SUITE 7B  
CITY-ST-ZIP PALM BAY FL

TITLE DS ☐ DELETE

NAME BRANDT, LINDA  
STREET ADDRESS 1590 HIGHLAND AVE.  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE DT ☐ DELETE

NAME FAULK, PATTI  
STREET ADDRESS P.O. BOX 2644  
CITY-ST-ZIP MELBOURNE FL 32902

TITLE DC ☐ DELETE

NAME AZAE, DAVID  
STREET ADDRESS 312 SOUTH U S #1  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4680 Lipscomb St., NE. Suite 10D  
1.4 CITY-ST-ZIP Palm Bay, FL 32905

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1384 Wing Rd., N.W.  
3.4 CITY-ST-ZIP Palm Bay, FL 32907

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS AZAR, DAVID  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D Marlyn Foell  
5.3 STREET ADDRESS 117 S.E. 4th Street  
5.4 CITY-ST-ZIP Satellite Bch, FL 32937

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME D Ginger Krauss  
6.3 STREET ADDRESS 633 Ford Circle  
6.4 CITY-ST-ZIP Melbourne, FL 32935

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: Patti S. Gault Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4-28-99 407-729-0100  
Date Daytime Phone #

CR2E037 (11/98)