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SIGNATURE:

NONPROFIT [制][]] FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 98 SEP -8 PH 12: 58 Secretary of State DIVISION OF CORPORATIONS 1998 N9700000 2671 **DOCUMENT #** Foundation for International Space Commence and LAW, Inc Mailing Address Principal Place of Business North 1st ST #15 3. Date Incorporated or Qualified COCOA Brach, FL 3293/ 4. FEI Number Applied For Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired Florida Fee Required Suite, Apl. #, etc. \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing #15 Trust Fund Contribution Added to Fees 27 City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 28 8. This corporation owes or has paid the current year Intangible Country Zip Yes Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Joyce Street Address (P.O. Box Number is Not Acceptable) 924 North Godsen St. TAllohassee, FL Zip Code 85 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 Frorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, a manifest familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition 1.1 DILE TITLE James D. CEARY D **5**432-2 **5**006 0 *****70.00 1.2 NAME NAME 1 North First St. #15 1.3 STREET ADDRESS STREET ADDRESS COCOA Brach, FL 32931 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition 2.1 THUE TITLE Janke Bellucci Û 2.2 NAME NAME 158, Deer Run Cone 2.3 STREET ADDRESS STREET ADDRESS SANTA MANIA CA 93455 CITY-ST-ZIP 2 4 C(TY-ST-ZIP 3 1 11116 ☐ Change ☐ Addition TIFLE Luciada Roberts 32 NAME NAME 4455 SW 34th St. #MG 3.3 STREET ADDRESS STREET ADDRESS GAINESUILLE, FL 32608 3 4. CITY - ST - ZIP CITY-S1-ZIP Addition ☐ Change 4.1 TITLE TITLE REGINA 4. 2 NAME NAME E. # 306 Beach PL 33706 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-\$1-7IP ☐ Addition 5.1 TITLE TITLE D 5.2 NAME NAME 5.3 STREFT ADDRESS STREET ADDRESS CHY-SI-ZIP 5.4 CITY - ST - ZIP Change Addition 613006 TOLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIF 14. I hereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

402-868-698 3