

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000003148 (0)**

1. Corporation Name

WEBSTER UNIVERSITY ALUMNI ASSOCIATION, INC., SPACE COAST BRANCH

Principal Place of Business

Mailing Address

**250 NORTH COURTNEY PARKWAY
WEBSTER UNIVERSITY SPACE COAST
MERRITT ISLAND FL 32953**

**250 NORTH COURTNEY PARKWAY
WEBSTER UNIVERSITY SPACE COAST
MERRITT ISLAND FL 32953**

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

59-3482478

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WIGGIN, DONALD R
3702 SHENANGO PLACE
MELBOURNE FL 32934**

81 Name

BOWEN, BOBBY A.

82 Street Address (P.O. Box Number is Not Acceptable)

2624 SENATOR WAY

83

84 City

MELBOURNE

FL

85 Zip Code

32901

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 **BOBBY A. BOWEN (PRESIDENT)**

(NOTE: Registered Agent signature required when reinstating)

1-27/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WIGGIN, DONALD R	
STREET ADDRESS	3702 SHENANGO PLACE	
CITY-ST-ZIP	MELBOURNE FL 32934	

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOBBY A. BOWEN	
1.3 STREET ADDRESS	2624 SENATOR WAY	
1.4 CITY-ST-ZIP	MELBOURNE, FL. 32901	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, BOBBY	
STREET ADDRESS	2624 SENATOR	
CITY-ST-ZIP	MELBOURNE FL	

2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONALD TATE	
2.3 STREET ADDRESS	717 AGENA AVE, NW	
2.4 CITY-ST-ZIP	PALM BAY, FLA. 32907	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIELS, ROGER	
STREET ADDRESS	3895 N. INDIAN RIVER DRIVE	
CITY-ST-ZIP	COCO FL 32932	

3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL E. MISA	
3.3 STREET ADDRESS	393 OAK HAVEN DR.	
3.4 CITY-ST-ZIP	MELBOURNE, FLA. 32940	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TIRRO, IRMA	
STREET ADDRESS	508 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	

4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAROLDUBRAY	
4.3 STREET ADDRESS	918 HARBOR PINES DR.	
4.4 CITY-ST-ZIP	MERRITT ISLAND, FLA. 32952	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **MICHAEL E. MISA**

407-727-5874

CR2E037 (10/97)