
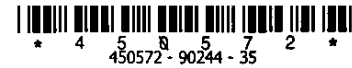


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90094 011 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N97000003148</b> 1. Corporation Name <b>WEBSTER UNIVERSITY ALUMNI ASSOCIATION, INC., SPA                  CE COAST BRANCH</b>		
Principal Place of Business 250 NORTH COURTNEY PARKWAY WEBSTER UNIVERSITY SPACE COAST MERRITT ISLAND FL 32953	Mailing Address 250 NORTH COURTNEY PARKWAY WEBSTER UNIVERSITY SPACE COAST MERRITT ISLAND FL 32953	



21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified 05/29/1997
22. Suite, Apt. #, etc.	23. Suite, Apt. #, etc.	4. FEI Number 59-3482478
23. City & State	24. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	26. Zip
25. Country	26. Zip	27. Country
26. Zip	27. Country	28. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>BOWEN, BOBBY A                  2824 SENATOR WAY                  MELBOURNE FL 32901</b>	10. Name and Address of New Registered Agent 81 Name <b>MICHAEL E. MISA</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>393 OAK HAVEN DR.</b> 83 84 City <b>MELBOURNE</b> FL 85 Zip Code <b>32940</b>
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11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0502, Florida Statutes.

SIGNATURE: MICHAEL E. MISA *Michael E. Misa* DATE: 4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BOBBY A BOWEN	1.2 NAME	MICHAEL E. MISA
STREET ADDRESS	2824 SENATOR WAY	1.3 STREET ADDRESS	393 OAK HAVEN DR.
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	VD	2.1 TITLE	VD
NAME	DONALD TATE	2.2 NAME	PATRICK HOLLETT
STREET ADDRESS	717 AGENA AVE NW	2.3 STREET ADDRESS	871 YORKTOWN DR
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	TD	3.1 TITLE	TD
NAME	MICHAEL E MISA	3.2 NAME	Bobby A. Bowen
STREET ADDRESS	393 OAK HAVEN DR	3.3 STREET ADDRESS	2824 SENATOR WAY
CITY-ST-ZIP	MELBOURNE FL 32940	3.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	SD	4.1 TITLE	SD
NAME	CAROL DUBRAY	4.2 NAME	STATIE-ALIANI
STREET ADDRESS	918 HARBOR PINES DR	4.3 STREET ADDRESS	325 SENATOR BLVD.
CITY-ST-ZIP	MERRITT ISLAND FL 32952	4.4 CITY-ST-ZIP	CAPE CANAVERAL, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Bobby A. Bowen *Bobby A. Bowen* DATE: 3/1/99 *487-768-7511*

CR2E037 (11/98)