

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matheny Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006677 (5)

1. Corporation Name

SOMEBODY CARES CAPE CANAVERAL, INC.



Principal Place of Business 310 LINDSEY COURT CAPE CANAVERAL FL 32920		Mailing Address 310 LINDSEY COURT CAPE CANAVERAL FL 32920		3. Date Incorporated or Qualified 11/26/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3488655	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREEN, ROBERT G
310 LINDSEY COURT
CAPE CANAVERAL FL 32920

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	ADMINISTRATOR - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PEGGY C GREEN
STREET ADDRESS		1.3 STREET ADDRESS	310 LINDSEY COURT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	MEMBER BOARD OF ADMINISTRATION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	REV DAVID MCKINCKE - CHURCH LUTHERAN CHURCH
STREET ADDRESS		2.3 STREET ADDRESS	7511 N. ATLANTIC AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	MEMBER BOARD OF ADMINISTRATION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	REV JACK MUTTER - 1st BAPT. CHURCH
STREET ADDRESS		3.3 STREET ADDRESS	8711 N. ATLANTIC AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	MEMBER BOARD OF ADMINISTRATION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MRS HANNA BERRY
STREET ADDRESS		4.3 STREET ADDRESS	5807 N. ATLANTIC AVE No 515
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	MEMBER BOARD OF ADMINISTRATION <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MRS BRIDIE SCHWAL
STREET ADDRESS		5.3 STREET ADDRESS	5807 N. ATLANTIC AVE No 511
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE	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.

SIGNATURE: Peggy C Green PEGGY C GREEN 4-7-98 401-383-0211

CR2E037 (10/97)