

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90013 004 ****61.25

54038628



04072004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0124750** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # N32859
1. Entity Name
SPACE COAST CHAPTER OF NSPI, INC.



Principal Place of Business
**1718 MAIN ST.
SUITE 303
SARASOTA, FL 34236 US**

Mailing Address
**1718 MAIN ST.
SUITE 303
SARASOTA, FL 34236 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**WEBBER, ROBIN
1718 MAIN STREET
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTANARO, DOMINICK 195 DESOTO PKWY SATELLITE BEACH, FL 32937 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bobby JOHNSON 4100 N. WICKHAM RD. MELBOURNE, FL. 32940 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, DAWN 4100 N WICKHAM RD STE 105 MELBOURNE, FL 32940 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEBRA PFLUG 2925 BUSINESS CTR # A5 MELBOURNE, FL. 32940 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UNDERWOOD, TERRI 638 WASHBURN RD MELBOURNE, FL 329347313 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANESSA MARE 395 PINEDA CT. MELBOURNE, FL. 32940 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, BOBBY 4100 N WICKHAM RD STE 105 MELBOURNE, FL 32940 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELLY GRUNDFOFFEN 4100 N. WICKHAM RD MELBOURNE, FL. 32940 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-8-04** Daytime Phone # _____