

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003725

**Entity Name:** SPACE COAST CENTRAL FLORIDA WRECK ASSOCIATION, INC.

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC0444167588**

**Current Principal Place of Business:**

241 PEACHTREE STREET  
COCOA, FL 32922-7778

**Current Mailing Address:**

3990 AIRLIFT STREET  
COCOA, FL 32927-3902 US

**FEI Number: 26-2425038**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALKER, JOHN W  
3990 AIRLIFT STREET  
COCOA, FL 32927-3902 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name WALKER, JOHN W  
Address 3990 AIRLIFT STREET  
City-State-Zip: COCOA FL 32927-3902

Title PRESIDENT  
Name JONES, LEON  
Address 1509 ROOSEVELT AV  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name GUGLIELMO, GEORGE  
Address 5926 PARK RIDGE CIR.  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name GIFFIN, CHUCK  
Address 33 AZALEA DR.  
City-State-Zip: WINTER HAVEN FL 33881

Title DIRECTOR  
Name CHRISTY, CHARLES  
Address 298 NE JARO STREET  
City-State-Zip: PALM BAY FL 32907

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: JOHN W. WALKER**

**ST**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date