

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

DOCUMENT# N12000007150

**Entity Name:** SPACE COAST DISABILITY COUNCIL INC.

**Current Principal Place of Business:**

1694 CEDAR STREET  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1694 CEDAR STREET  
ROCKLEDGE, FL 32955

**FEI Number: 46-0685543**

**Certificate of Status Desired: No**

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

BLOUGOURAS, DANIEL  
120 VENETIAN WAY  
SUITE 19  
MERRITT ISLAND, FL 32953 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 D  
Name CRAIG, CAROL  
Address 8550 ASTRONAUT BLVD  
City-State-Zip: CAPE CANAVERAL FL 32920

*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: CAROL CRAIG** \_\_\_\_\_

**DIRECTOR**

**02/24/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date