


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90263 036 ****70.00

DOCUMENT # 708641 1. Entity Name CANAVERAL COUNCIL OF TECHNICAL SOCIETIES INC.					
Principal Place of Business 1980 NORTH ATLANTIC AVE SUITE 401 COCOA BEACH, FL 32931			Mailing Address 1325 NORTH ATLANTIC AVE P O BOX 245 CAPE CANAVERAL, FL 32920		
2. Principal Place of Business		3. Mailing Address 1980 North Atlantic Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 401			
City & State 		City & State Cocoa Beach, FL			
Zip 	Country 	Zip 32931	Country USA	4. FEI Number 59-6173124	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUSSELL, RICHARD 1780 JAMAICA ST TITUSVILLE, FL 32780				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, RICHARD C/O RSH, 2235 NORTH COURTNEY MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Richard Young P.O. Box 548306 Merritt Island, FL 32954
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JAMES 6195 EAST WHISPERING LANE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RENDLA, WAYNE 1422 GLENDALE WAY ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		VICE-CHAIRMAN WAYNE RENDLA 1422 GLENDALE WAY ROCKLEDGE, FL 32955	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLSAP, MELINDA 733 S ATLANTIC AVE COCOA, FL 32931	<input checked="" type="checkbox"/> Delete		CHAIRMAN MELINDA MILLSAP 733 S. ATLANTIC AVE COCOA BEACH, FL 32931	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		SECRETARY B. DAVID KRIGELMAN 813 CEBU PLACE MELBOURNE, FL 32940	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richard E. Young, Treasurer</u> 21 March 2006					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

800-225-7201
x1-6108