

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717511

FILED
Apr 01, 2004
Secretary of State**Entity Name:** SPACE COAST ECONOMIC DEVELOPMENT COMMISSION, INC.**Current Principal Place of Business:**2000 S. WASHINGTON AVE.
SUITE 2
TITUSVILLE, FL 32780**New Principal Place of Business:****Current Mailing Address:**2000 S. WASHINGTON AVE.
SUITE 2
TITUSVILLE, FL 32780**New Mailing Address:****FEI Number:** 59-1293802**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHNSON, WALT
2000 S WASHINGTON AVE
2
TITUSVILLE, FL 32780 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** TD () Delete
Name: CHIVERS, WILLIAM
Address: 6285 VECTORSPACE BLVD
City-St-Zip: TITUSVILLE, FL 32780**Title:** PPD () Delete
Name: BUTCHER, WILLIAM H
Address: PO BOX 2804
City-St-Zip: TITUSVILLE, FL 32781**Title:** PD () Delete
Name: VANENGELBURG, W. C.
Address: 1523 MALLARD CT
City-St-Zip: TITUSVILLE, FL 32780**Title:** SD () Delete
Name: RICE, WOODY
Address: 5195 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780**Title:** PED () Delete
Name: COSSEY, SUSAN
Address: PO BOX 267
City-St-Zip: CAPE CANAVERAL, FL 32920**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VPD (X) Change () Addition
Name: CHIVERS, WILLIAM
Address: 6285 VECTORSPACE BLVD
City-St-Zip: TITUSVILLE, FL 32780**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: EVANS, JOHN H
Address: 1702 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780**Title:** PED (X) Change () Addition
Name: RICE, WOODY
Address: 5195 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780**Title:** PD (X) Change () Addition
Name: COSSEY, SUSAN
Address: PO BOX 267
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN COSSEY

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date