2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# 717511

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:

RYAN, MARK K
2000 S WASHINGTON AVE
2
TITUSVILLE, FL 32780 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: MARK K. RYAN 04/11/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: CHIVERS, WILLIAM
Address: 6285 VECTORSPACE BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: SEC ( ) Delete
Name: GONZALEZ, DANIEL
Address: 425 CHENEY HWY
City-St-Zip: TITUSVILLE, FL 32780

Title: TD ( ) Delete
Name: EVANS, JOHN H
Address: 1702 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: PED ( ) Delete
Name: RICE, WOODY
Address: 5195 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: PD (X) Delete
Name: COSSEY, SUSAN
Address: PO BOX 267
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHIVERS, WILLIAM
Address: 6285 VECTORSPACE BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: TD (X) Change ( ) Addition
Name: GONZALEZ, DANIEL
Address: 425 CHENEY HWY
City-St-Zip: TITUSVILLE, FL 32780

Title: SEC (X) Change ( ) Addition
Name: EVANS, JOHN H
Address: 1702 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: PED (X) Change ( ) Addition
Name: BOGGS, ALAN
Address: 5195 S WASHINGTON AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM CHIVERS PD 04/11/2006
Electronic Signature of Signing Officer or Director Date