

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**Not-For-Profit,  
CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2005 Annual REPORT

DOCUMENT # 718039

1. Corporation Name

SPACE COAST LEAGUE OF CITIES, INC.

2. Principal Office Address

1600 Huntington Lane

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

Brevard

3. Mailing Office Address

1600 Huntington Lane

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

Brevard

4. Date Incorporated or Qualified  
To Do Business in Florida

February 1970

5. FEI Number

59-2921880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Willmarth, Robert

Street Address (P.O. Box Number is Not Acceptable)

2285 Minton Road

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32904

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Robert Willmarth*

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Woodard, Pat	120 Malabar Road	Palm Bay, FL 32907
IV/D	McCormack, Carol	5030 Paul Hurtt Lane	Palm Shores, FL 32940
2V/D	Swank, Ronald	555 S. Washington Ave.	Titusville, FL 32796
T/D	Willmarth, Robert	2285 Minton Road	West Melbourne, FL 32904
700056438987 06/22/05--01023--020 **\$1.25			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert, Willmarth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #