


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90012 044 ****61.25

| | | |
|--|--|---|
| DOCUMENT # 718039 | |  |
| 1. Entity Name SPACE COAST LEAGUE OF CITIES, INC. | | |

| | |
|--|--|
| Principal Place of Business 1600 HUNTING LN ROCKLEDGE, FL 32955 US | Mailing Address 1600 HUNTING LN ROCKLEDGE, FL 32955 US |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

04252006 Chg-NP CR2E037 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2921880 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WILLMARTH, ROBERT 2285 MINTON ROAD MELBOURNE, FL 32904 | | Name Donnie Price | |
| | | Street Address (P.O. Box Number is Not Acceptable) 507 Ocean Avenue | |
| | | City Melbourne Beach FL Zip Code 32951 | |
| | | | |

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.

X SIGNATURE *Donnie Price* 5/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|--|
| 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 | PD WOODARD, PAT 120 MALABAR ROAD PALM BAY, FL 32907 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD McCormack, Carol 5030 Paul Hurtt Lane Palm Shores, FL 3294 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1VPD MCCORMACK, CAROL 5030 PAUL HURTT LANE PALM SHORES, FL 32940 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1VPD Swank, Ron 555 S. Washington Avenue Titusville, FL 32796 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2VPD SWANK, RONALD 555 S. WASHINGTON AVE. TITUSVILLE, FL 32796 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2VPD Sasso, Tony 2 S. Orlando Avenue Cocoa Beach, FL 32931 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD WILLMARTH, ROBERT 2285 MI 2285 MINTON ROAD WEST MELBOURNE, FL 32904 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Price, Donnie 507 Ocean Avenue Melbourne Beach, FL 32951 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <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.

X SIGNATURE: Donnie Price, Treasurer *Donnie Price* 5/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #