
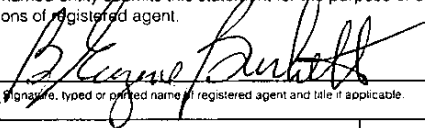
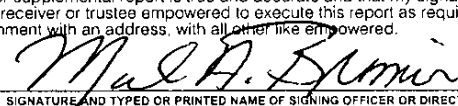


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90040 002 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address FPT SERVICES 1970 ROCKLEDGE BLVD, STE 102			
City & State ROCKLEDGE, FL		City & State ROCKLEDGE, FL		4. FEI Number 59-2921880	
Zip 32955		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DONNIE PRICE 507 OCEAN AVE MELBOURNE BEACH, FL 32951			7. Name and Address of New Registered Agent Name B. EUGENE BURKETT, CPA, MBA Street Address (P.O. Box Number is Not Acceptable) FPT SERVICES 1970 ROCKLEDGE BLVD, SUITE 102 City ROCKLEDGE FL Zip Code 32955		
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  B. EUGENE BURKETT, CPA, MBA 04/09/2007 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	2VPD SASSO, TONY 2 S. ORLANDO AVE. COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCORMACK, CAROL 5030 PAUL HURTT LANE PALM SHORES, FL 32940	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWANK, RONALD 555 S. WASHINGTON AVE. TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRICE, DONNIE 507 OCEAN AVE MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRICE, DONNIE 507 OCEAN AVE MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SASSO, TONY 2 S. ORLANDO AVE COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAKE, MICHAEL 207 Blake Ave COCOA, FL 32922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRIMER, MARK 850 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD PRICE, DONNIE 507 OCEAN AVE MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD PRICE, DONNIE 507 OCEAN AVE MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD PRICE, DONNIE 507 OCEAN AVE MELBOURNE BEACH, FL 32951	<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:  04/09/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40058443



01312007 Chg-NP CR2E037 (12/06)