
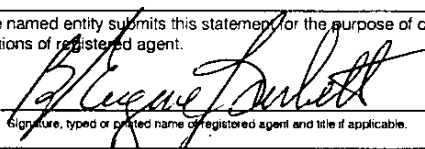



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90108 015 ****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 FPT SERVICES 1970 ROCKLEDGE BLVD, STE 102 ROCKLEDGE, FL 32955 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1017 Pathfinder Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 100			
City & State		City & State Rockledge, FL			
Zip	Country	Zip	Country	4. FEI Number 59-2921880	
32955		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKETT, B EUGENE CPA, MBA FPT SERVICES 1970 ROCKLEDGE BLVD, SUITE 102 ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Burkett, B. Eugene, CPA, MBA Street Address (P.O. Box Number is Not Acceptable) FPT Services 1017 Pathfinder Way 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 2/11/08 <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, 2008		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	VPD SASSO, TONY 2 S. ORLANDO AVE. COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Price, Donnie 507 Ocean Avenue Melbourne Beach, FL 32951
<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 checked="" type="checkbox"/> Delete			
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
VPD BRIMER, MARK 850 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH, FL 32937		<input type="checkbox"/> Delete			
<input 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"/> Delete			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TD O'Neill, Mary Anne 623 DeSoto Lane Indian Harbour Beach, FL 32937		<input type="checkbox"/> Delete			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  Mary Anne O'Neill 02/01/2008 321.777.2322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					