

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718039

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** SPACE COAST LEAGUE OF CITIES, INC.

**Current Principal Place of Business:**

1017 PATHFINDER WAY  
SUITE 100  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

1017 PATHFINDER WAY  
SUITE 101  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

1017 PATHFINDER WAY  
SUITE 100  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

1017 PATHFINDER WAY  
SUITE 101  
ROCKLEDGE, FL 32955 US

**FEI Number:** 59-2921880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURKETT, B EUGENE CPA,MBA  
FPT SERVICES  
1017 PATHFINDER WAY  
ROCKLEDGE, FL 32955 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROSE, HAL  
Address: 2403 WOODFIELD CIRCLE  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: VPD  
Name: DONAHUE, SHEILA A  
Address: 2375 SHADY OAK RD  
City-St-Zip: PALM SHORES, FL 32935 US

Title: 2VPD  
Name: TULLEY, JIM  
Address: 555 S. WASHINGTON AVE  
City-St-Zip: TITUSVILLE, FL 32781 US

Title: TREA  
Name: WALSH, BETTY  
Address: 105 POLK AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

I hereby 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 all other like empowered.

SIGNATURE: BETTY WALSH

TREA

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date