2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 719778

1. Entity Name
SPACE PORT CHAPTER OF THE NINETY-NINES, INC.

FILED
Jan 29, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
3706 MILITIA DR TITUSVILLE, FL 32796-573 US	3706 MILITIA DR TITUSVILLE, FL 32796-573 US

01212004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1951916
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOSLING, CAROL A
3706 MILITIA DR
TITUSVILLE, FL 32796-1573

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OSTER, JULIE D
STREET ADDRESS	111 E KING STREET
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	LASHER, BARBARA
STREET ADDRESS	2289 COX ROAD
CITY-ST-ZIP	COCOA, FL
TITLE	CD
NAME	SHERWOOD, LAURA C
STREET ADDRESS	9547 DUBOIS BLVD
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D
NAME	BEERS, CLYDIA L.
STREET ADDRESS	925 N. HALIFAX AVE #501
CITY-ST-ZIP	DAYTONA BCH., FL
TITLE	DT
NAME	GOSLING, CAROL A.
STREET ADDRESS	3706 MILITIA DRIVE
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04-80053-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carol A Gosling CAROL A GOSLING 01/21/04 321-268-8087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #