

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90211 016 ****61.25

DOCUMENT # 719778

1. Entity Name

SPACE PORT CHAPTER OF THE NINETY-NINES, INC.



Principal Place of Business

3706 MILITIA DR
TITUSVILLE FL 32796-573
US

Mailing Address

3706 MILITIA DR
TITUSVILLE FL 32796-573
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

32796-1573

Zip

Country

32796-1573

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME OSTER, JULIE D
STREET ADDRESS 111 E KING STREET
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ Delete
NAME LASHER, BARBARA
STREET ADDRESS 2289 COX ROAD
CITY-ST-ZIP COCOA FL

TITLE CD ☐ Delete
NAME SHERWOOD, LAURA C
STREET ADDRESS 9547 DUBOIS BLVD
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Delete
NAME BEERS, CLYDIA L.
STREET ADDRESS 925 N. HALIFAX AVE #501
CITY-ST-ZIP DAYTONA BCH. FL

TITLE DT ☐ Delete
NAME GOSLING, CAROL A.
STREET ADDRESS 3706 MILITIA DRIVE
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19/2005 321-268-8087

Date

Daytime Phone #