


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # 719778	
1. Entity Name SPACE PORT CHAPTER OF THE NINETY-NINES, INC.	

Principal Place of Business 3706 MILITIA DR TITUSVILLE, FL 32796-1573 US	Mailing Address 3706 MILITIA DR TITUSVILLE, FL 32796-1573 US
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02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1951916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. 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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

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
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10. OFFICERS AND DIRECTORS

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

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U00000630423
02/20/07-80004-014 61.25

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 817, 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** Feb 6/07 321-268-8087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #