


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90027 032 \*\*\*\*61.25

<b>DOCUMENT # 719778</b> 1. Entity Name <b>SPACE PORT CHAPTER OF THE NINETY-NINES, INC.</b>					
Principal Place of Business <b>3706 MILITIA DR TITUSVILLE, FL 32796-1573 US</b>				Mailing Address <b>3706 MILITIA DR TITUSVILLE, FL 32796-1573 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>GOSLING, CAROL A 3706 MILITIA DR TITUSVILLE, FL 32796-1573</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>59-1951916</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				02122008 Chg-NP CR2E037 (12/06)	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASHER, BARBARA <input type="checkbox"/> Delete 2289 COX ROAD COCOA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERWOOD, LAURA C <input type="checkbox"/> Delete 9547 DUBOIS BLVD ORLANDO, FL 32825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEERS, CLYDIA L <input checked="" type="checkbox"/> Delete DECEASED***** DAYTONA BCH., FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOSLING, CAROL A <input type="checkbox"/> Delete 3706 MILITIA DRIVE TITUSVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK, SINDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 336 MITNIK DRIVE DELTONA FL 32720				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Carol A Gosling</u> CAROL A GOSLING FEB15/08 321-268-8087					