

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

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90045 014 ****61.25

DOCUMENT # 722443

1. Entity Name

SPACE COAST ART FESTIVAL, INC.



Principal Place of Business

36 N BREVARD AVE
COCOA BEACH FL 32931

Mailing Address

P O BOX 320135
COCOA BEACH FL 32932-135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1562006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, HARRY
335 S PLUMBER ST #D
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

Marilyn A. Rigerman

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

200 North First Street

City

Cocoa Beach

FL

Zip Code

32931

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

Marilyn A. Rigerman

Marilyn A. Rigerman

1-31-05

Signature, typed or printed name of registered agent and title, 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 PD
NAME LAWTON, ANN ☐ Delete
STREET ADDRESS 14 WILLOW GREEN DR
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE VPD
NAME KAPLAN, STANLEY ☒ Delete
STREET ADDRESS 433 S ATLANTIC AVE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE T
NAME ~~RIGGERMAN, MARILYN~~ Correction ☐ Delete
STREET ADDRESS 200 N 1ST ST
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE S
NAME CLEVELAND, ALBERT ☐ Delete
STREET ADDRESS 377 DORSET DRIVE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD
NAME MYERS, HOLLY ☒ Change ☐ Addition
STREET ADDRESS 1225 SAMAR RD
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE
NAME RIGGERMAN, MARILYN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

Date

Daytime Phone #

2/01/05 321-783-5476