

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739121

FILED  
Apr 13, 2008  
Secretary of State

Entity Name: SPACE COAST 'VETTES, INC.

## Current Principal Place of Business:

1382 BUFFING CIR SE  
PALM BAY, FL 32909

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 360438  
MELBOURNE, FL 32936

## New Mailing Address:

1382 BUFFING CIR SE  
PALM BAY, FL 32909

FEI Number: 59-2923289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, PAUL J  
1382 BUFFING CIE SE  
PALM BAY, FL 329096523 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: GOVD ( ) Delete  
Name: DAVIS, JIM  
Address: 200 MARTESIA WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PPD ( ) Delete  
Name: GARRISON, RON  
Address: 1705 ATZ ROAD  
City-St-Zip: MALABAR, FL 32950

Title: TD ( ) Delete  
Name: DONATELLI, FRANK  
Address: 321 WICKHAM LAKES DR  
City-St-Zip: MELBOURNE, FL 32940

Title: VD ( ) Delete  
Name: PAYNE, LARRY R  
Address: 387 NIKOMAS WAY  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SD ( ) Delete  
Name: NIES, TERRY C  
Address: 2465 WILDWOOD DR  
City-St-Zip: MELBOURNE, FL 32935

Title: PD ( ) Delete  
Name: ANDERSON, PAUL J  
Address: 13832 BUFFING CIR SE  
City-St-Zip: PALM BAY, FL 32909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J ANDERSON

PD

04/13/2008

Electronic Signature of Signing Officer or Director

Date