2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 739121

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:

1382 BUFFING CIR SE
PALM BAY, FL 32909

New Mailing Address:

1382 BUFFING CIR SE
PALM BAY, FL 329096523

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 02/24/2009
Electronic Signature of Signing Officer or Director — Date