2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764929

FILED Jan 05, 2008 Secretary of State

Entity Name: SPACE COAST WRITERS GUILD, INC. **Current Principal Place of Business: New Principal Place of Business:** 1677 HUDSON CIRCLE SOUTH MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** PO BOX 262 MELBOURNE, FL 329020262 FEI Number: 59-2369516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SWEENEY, ANTOINETTE M MAMMAY, JUDITH 1741 SAGO PALM ST NE 1205 STANSTED ROAD PALM BAY, FL 32905 US MELBOURNE, FL 32901 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: JUDITH MAMMAY 01/05/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MAMMAY, JUDITH Name: Name: 1205 STANSTED Address: Address: MELBOURNE, FL 32901 US City-St-Zip: City-St-Zip: Title: Title: TD (X) Change () Addition () Delete SWEENEY, ANTOINETTE M Name: Name: MAGER, PENNIE Address: 1741 SAGO PALM ST NE Address: 3372 LOIS LANE City-St-Zip: PALM BAY, FL 32905 City-St-Zip: MELBOURNE, FL 32904 Title: () Delete Title: () Change () Addition ALLEN, WILLIAM Name: Name: 347 DORSET DRIVE Address: Address: City-St-Zip: W MELBOURNE, FL 32904 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: NAEGEL, LESLIE D Name: Address: 516 S MAGNOLIA AVENUE Address: City-St-Zip: MELBOURNE, FL 32934 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: JUDITH MAMMAY PD 01/05/2008