

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90112 017 ****61.25

DOCUMENT # N00000001220

1. Entity Name
THE SPACE COAST AUTHORS OF ROMANCE, INC.



Principal Place of Business
**404 VIZCAYA COURT
MELBOURNE, FL 32940**

Mailing Address
**P.O. BOX 410787
MELBOURNE, FL 32941**

24044752

2. Principal Place of Business

4541 Portage Trl

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03262004 Chg-NP CR2E037 (10/03)

City & State

Melbourne FL

City & State

4. FEI Number
59-3663056

Applied For
Not Applicable

Zip

32940

Country

Florida

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**IVISON, MARILYN
602 BREVARD AVENUE
COCOA, FL 32922**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/04

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **D** ☒ Delete
NAME **DIDIER, CAROL ANN**
STREET ADDRESS **2969 KOSUTH ROAD NE**
CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **D** ☐ Delete
NAME **IVISON, MARILYN**
STREET ADDRESS **404 VIZCAYA COURT**
CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **D** ☐ Delete
NAME **CALVIN, SHARON**
STREET ADDRESS **1335 SCORPIOUS CT**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE **D** ☐ Delete
NAME **WADDELL, PATRICIA**
STREET ADDRESS **3200 SAN JOSE AVE. SE**
CITY-ST-ZIP **PALM BAY, FL 32909**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **PATRICIA ANN CLAY**
STREET ADDRESS **1807 Abbeyridge Drive**
CITY-ST-ZIP **Merritt Island FL 32953**

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/04 321-757-9506