

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90091 008 ****61.25

DOCUMENT # N00000001220

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



40055110



00000000 Chg-NP CR2E037 (11/05)

Principal Place of Business
4541 PORTAGE TRL
MELBOURNE, FL 32940

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

2. Principal Place of Business
1335 SCORPIOUS COURT

3. Mailing Address
Suite, Apt. #, etc.

City & State
MERRITT ISLAND, FL

Zip
32953

Country
BREVARD

4. FEI Number
59-3663056

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
IVISON, MARILYN
4541 PORTAGE TRAIL
MELBOURNE, FL 32940

7. Name and Address of New Registered Agent
Name CALVIN SHARON
Street Address (P.O. Box Number is Not Acceptable)
1335 SCORPIOUS COURT
City MERRITT ISLAND, FL Zip Code 32953

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 Sharon Calvin DATE 4/13/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN CLAY, PATRICIA		NAME	DIDIER, CAROL	
STREET ADDRESS	1807 ABBEY RIDGE DRIVE		STREET ADDRESS	2969 KOSUTH ROAD NE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	PALEMBAY, FL 32905	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, SANDY		NAME		
STREET ADDRESS	3899 BEACHGROVE RD		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVIN, SHARON		NAME		
STREET ADDRESS	1335 SCORPIOUS CT		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, PRESCILLA		NAME	HORN, PRESCILLA	
STREET ADDRESS	2323 VALKARIA RD		STREET ADDRESS	13530 MYSTIC DRIVE, #107	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sharon Calvin SHARON CALVIN, PRESIDENT DATE 4/13/06 DAYTIME PHONE # (321) 453-9656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR