
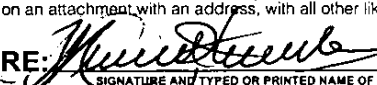


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90239 037 ****70.00

DOCUMENT # N01000004302			
1. Entity Name FLORIDA'S SPACE COAST FILIPINO-AMERICAN CHARITABLE AND EDUCATIONAL FOUNDATION, INC.			
Principal Place of Business 3480 DEER LAKES DR MELBOURNE, FL 32940		Mailing Address 3480 DEER LAKES DR MELBOURNE, FL 32940	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ENRIQUE, ERIC J ESQ 1900 S. HARBOR CITY BLVD MELBOURNE, FL 32901		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERCELES, MANUEL	NAME	
STREET ADDRESS	3480 DEER LAKES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELA PAZ, ROMEO	NAME	DR. PIO SIAM, MD
STREET ADDRESS	3234 ABBOT AVE NE	STREET ADDRESS	1801 HARDIN LANE
CITY-ST-ZIP	PALM BAY, FL 32905	CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIM-ORTIZ, LETICIA	NAME	
STREET ADDRESS	1505 PAIGLEY ST	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32908	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEDWELL, SALVIE	NAME	TERRY HEIM
STREET ADDRESS	3713 SECOND AVE	STREET ADDRESS	956 GOLDEN BEACH BLVD
CITY-ST-ZIP	VALKARIA, FL 32950	CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, GINA	NAME	
STREET ADDRESS	321 POLARIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, MARINA	NAME	CONSUERO SCHNADERBECK
STREET ADDRESS	6315 MACAULEY AVE	STREET ADDRESS	601 SEVILLE CT.
CITY-ST-ZIP	COCOA, FL 32927	CITY-ST-ZIP	SATELLITE BEACH, FL 32937
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: 		MANUEL VERCELES CHAIRMAN - DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	4-24-07 (321)259-4818
		Date	Daytime Phone #



03282007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3736224 Applied For Not Applicable

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