

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005704

FILED
Jan 22, 2004
Secretary of State**Entity Name:** SPACE COAST POST CARD CLUB, INC.**Current Principal Place of Business:**TEBEAU-FIELD LIBRARY
435 BREVARD AVE
COCOA, FL 32922**New Principal Place of Business:**ALMA CLYDE-FIELD LIBRARY
435 BREVARD AVE
COCOA, FL 32922**Current Mailing Address:**TEBEAU-FIELD LIBRARY
435 BREVARD AVE
COCOA, FL 32922**New Mailing Address:**ALMA CLYDE-FIELD LIBRARY
435 BREVARD AVE
COCOA, FL 32922**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RALEY, KAREN
771 APOLLO CIR NE
PALM BAY, FL 32905 US**Name and Address of New Registered Agent:**MCKINNEY, LINDA S
6025 KEYSTONE AVE.
PORT ST. JOHN, FL 32927 US

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: LINDA S. MCKINNEY

01/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: HARRELL, GEORGE L
Address: 1712 PINEDA ST
City-St-Zip: COCOA, FL 32922Title: DV () Delete
Name: THEILACKER, CINDY
Address: 42 PARKWAY ST
City-St-Zip: COCOA, FL 32922Title: DS () Delete
Name: RALEY, KAREN
Address: PO BOX 2605
City-St-Zip: MELBOURNE, FL 329022605Title: DT () Delete
Name: FLOTTE, ANN
Address: 2333 ST ANDREWS CIR
City-St-Zip: MELBOURNE, FL 32901**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DV (X) Change () Addition
Name: FLOTTE, ANN
Address: 2333 ST. ANDREWS CIRCLE
City-St-Zip: MELBOURNE, FL 32901 USTitle: DS (X) Change () Addition
Name: MCKINNEY, LINDA S
Address: 6025 KEYSTONE AVE.
City-St-Zip: PORT ST. JOHN, FL 32927 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LINDA S. MCKINNEY

DS

01/22/2004

Electronic Signature of Signing Officer or Director

Date