

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005704

FILED
Mar 12, 2006
Secretary of State

Entity Name: SPACE COAST POST CARD CLUB, INC.

Current Principal Place of Business:

ALMA CLYDE-FIELD LIBRARY
435 BREVARD AVE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

ALMA CLYDE-FIELD LIBRARY
435 BREVARD AVE
COCOA, FL 32922

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKINNEY, LINDA S
6025 KEYSTONE AVE.
PORT ST. JOHN, FL 32927 US

Name and Address of New Registered Agent:

MCKINNEY, LINDA
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 MCKINNEY

03/12/2006

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 32922

Title: DV () Delete
Name: FLOTTE, ANN
Address: 2333 ST. ANDREWS CIRCLE
City-St-Zip: MELBOURNE, FL 32901 US

Title: DS () Delete
Name: MCKINNEY, LINDA S
Address: 6025 KEYSTONE AVE.
City-St-Zip: PORT ST. JOHN, FL 32927 US

Title: T () Delete
Name: SEELIE, LYNITA
Address: PO BOX 320988
City-St-Zip: COCOA BEACH, FL 329320988

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCKINNEY, BRANDON
Address: 6025 KEYSTONE AVE.
City-St-Zip: COCOA, FL 32927

Title: DV (X) Change () Addition
Name: THEILACKER, CINDY
Address: 42 PARKWAY ST.
City-St-Zip: COCOA, FL 32922 US

Title: DS (X) Change () Addition
Name: MCKINNEY, LINDA
Address: 6025 KEYSTONE AVE.
City-St-Zip: PORT ST. JOHN, FL 32927 US

Title: T (X) Change () Addition
Name: DRAKE, DEANNA
Address: 1922 QUAIL RIDGE CT. #2303
City-St-Zip: COCOA, FL 32926

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

DS

03/12/2006

Electronic Signature of Signing Officer or Director

Date