# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 22, 2007**
**Secretary of State**

DOCUMENT# N01000005704

**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)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 07/22/2007
Electronic Signature of Signing Officer or Director — Date