


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 040 ****61.25

DOCUMENT # N01000005704	
1. Entity Name SPACE COAST POST CARD CLUB, INC.	

Principal Place of Business ALMA CLYDE-FIELD LIBRARY 435 BREVARD AVE COCOA, FL 32922	Mailing Address ALMA CLYDE-FIELD LIBRARY 435 BREVARD AVE COCOA, FL 32922
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01112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCKINNEY, LINDA 6025 KEYSTONE AVE. PORT ST. JOHN, FL 32927

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IN THIS SPACE**

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 _____	<small>(NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKINNEY, BRANDON 6025 KEYSTONE AVE. COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THEILACKER, CINDY 42 PARKWAY ST. COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCKINNEY, LINDA 6025 KEYSTONE AVE. PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRAKE, DEANNA 1922 QUAIL RIDGE CT. #2303 COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <u><i>Cindy Theilacker</i></u> V.P.	1/11/08	321-7204379
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Declarative Phrase *</small>