

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005704

FILED  
Aug 04, 2010  
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  
6025 KEYSTONE AVE.  
PORT ST. JOHN, FL 32927 US

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

MCKINNEY, KEITH  
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: KEITH MCKINNEY

08/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: DS  
Name: HAMEL, ANNE  
Address: 435 BREVARD AVE  
City-St-Zip: COCOA, FL 32922 US

Title: DT  
Name: MCKINNEY, KEITH  
Address: 6025 KEYSTONE AVE  
City-St-Zip: PORT ST JOHN, FL 32927

I hereby 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 all other like empowered.

SIGNATURE: KEITH MCKINNEY

DT

08/04/2010

Electronic Signature of Signing Officer or Director

Date