

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90043 021 \*\*\*\*61.25

**DOCUMENT # NO1000005704**

1. Entity Name

**SPACE COAST POST CARD CLUB, INC.**



Principal Place of Business

**TEBEAU-FIELD LIBRARY  
435 BREVARD AVE  
COCOA FL 32922**

Mailing Address

**TEBEAU-FIELD LIBRARY  
435 BREVARD AVE  
COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**BREVARD**

Zip

Country

**BREVARD**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**RALEY, KAREN**

Street Address (P.O. Box Number is Not Acceptable)

**771 Apollo Circle NE**

**Palm Bay**

City

**FL**

Zip Code

**32905**

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

*Karen Raley*

*Karen Raley*

**7-6-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**



**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **HARRELL, GEORGE L.**  
STREET ADDRESS **1712 PINEDA ST**  
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☒ Delete  
NAME **RALEY, KAREN**  
STREET ADDRESS **P.O. BOX 2605**  
CITY-ST-ZIP **MELBOURNE FL 32902-2605**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Cindy Theilacker**  
STREET ADDRESS **42 Parkway St.**  
CITY-ST-ZIP **Cocoa, FL 32922**

TITLE **DS** ☒ Delete  
NAME **MCKINNEY, LINDA S**  
STREET ADDRESS **TEBEAU-FIELD LIBRARY**  
CITY-ST-ZIP **COCOA FL 32922**

TITLE **DS** ☒ Change ☐ Addition  
NAME **RALEY, KAREN**  
STREET ADDRESS **P.O. Box 2605**  
CITY-ST-ZIP **Melbourne, FL 32902-2605**

TITLE **DT** ☒ Delete  
NAME **SEELIE, LYNITA S**  
STREET ADDRESS **P.O. BOX 320988**  
CITY-ST-ZIP **COCOA BCH FL 32932-0988**

TITLE **DT** ☒ Change ☐ Addition  
NAME **FLOTTE, ANN**  
STREET ADDRESS **2333 ST. ANDREW CIRCLE**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

**SIGNATURE REQUIRED** *George L Harrell*

**7-6-03 321-680-1971**

CR2E037 (4/03)