


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2008 8:00 am**  
**Secretary of State**

07-01-2008 90001 014 \*\*\*\*61.25

<b>DOCUMENT # N01734</b> 1. Entity Name <b>SPACE COAST KENNEL CLUB OF PALM BAY, INC.</b>					
Principal Place of Business <b>P.O. BOX 060939 PALM BAY, FL 32906-0939</b>			Mailing Address <b>P.O. BOX 060939 PALM BAY, FL 32906-0939</b>		
2. Principal Place of Business - No P.O. Box # <b>163 ANDERSON AV NE</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 111289</b> Suite, Apt. #, etc.		
City & State <b>PALM BAY FL</b>		City & State <b>Palm Bay FL</b>		4. FEI Number <b>59-2801222</b>	
Zip <b>32907</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEPHENSON, GLENDA 3050 W. NEW HAVEN AVE. W. MELBOURNE, FL 32904</b>			7. Name and Address of New Registered Agent Name <b>STEPHENSON, GLENDA</b> Street Address (P.O. Box Number is Not Acceptable) <b>163 ANDERSON AV NE</b> City <b>PALM BAY FL 32907</b>		
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  <b>R/A PRES</b> DATE <b>5/1/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>STEPHENSON, GLENDA 3050 W. NEW HAVEN AVE W. MELBOURNE, FL 32904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>MCCORMICK, JONI 7341 CRABGRASS RD ST. CLOUD, FL 34773</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>HINTON, PAMELA 144 E. VOLUSIA COCOA BEACH, FL 32931</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>WELLS, JOAN 8800 44TH. AVE. SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MAZZACANE, JULENE 140 PARK AVE. SATELLITE BEACH, FL 32937</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>HAFT, MADELINE 1571 BREESEWOOD LANE N.W. PALM BAY, FL 32907</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>ANDERSON, OPAL 4245. POWELL RD MELBOURNE, FL 32914</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. <b>HINTON, CASSIE 144 EAST VOLUSIA LANE COCOA BEACH FL 32931</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>R/A PRESIDENT</b> DATE <b>5/1/08</b> DAYTIME PHONE # <b>321-243-9072</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					