

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90011 036 ****61.25

DOCUMENT # N02000002690

1. Entity Name

SPACE COAST STOKE CLUB, INC



Principal Place of Business

4021 CASPIAN COURT
MELBOURNE FL 32904

Mailing Address

4021 CASPIAN COURT
MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3654750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBAE, TRV-LYN
4021 CASPIAN CT
MELBOURNE FL 32905

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2004

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

TITLE PD
NAME TALANO, RUDY
STREET ADDRESS 3465 CABBAGE PALM AVE.
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

TITLE VD
NAME LAWRENCE, DOROTHY
STREET ADDRESS 3000 HIGHWAY A1A
CITY-ST-ZIP MELBOURNE BEACH FL 32905 ☐ Delete

TITLE TD
NAME CORBAE, TRV-LYN
STREET ADDRESS 4021 CASPIAN CT
CITY-ST-ZIP MELBOURNE FL 32904 ☐ Delete

TITLE SD
NAME TUTTLES, ELAINE
STREET ADDRESS 2414 GREEN WAY DR.
CITY-ST-ZIP MELBOURNE FL 32901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Trv-Lyn Corbae*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

321-768-8889
early early

Daytime Phone #