

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007429

FILED
Feb 16, 2011
Secretary of State

Entity Name: PROJECT MANAGEMENT INSTITUTE, SPACE COAST, FLORIDA CHAPTER, INC.

Current Principal Place of Business:

3598 EGRET DRIVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 362
CAPE CANAVERAL, FL 329200362

New Mailing Address:

PO BOX 192
TITUSVILLE, FL 32781

FEI Number: 16-1623982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, RICKETT M
1133 WHITE OAK CIRCLE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: DEVINE, JIM
Address: 3380 FOX LAKE ROAD
City-St-Zip: TITUSVILLE, FL 32780

Title: DV
Name: DAVIS, CLARA M
Address: 3598 EGRET DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: DV
Name: KINCH, KATHRYN
Address: 5095 CARTER STREET
City-St-Zip: COCOA, FL 32927

Title: DV
Name: BAKER, RICKETT M
Address: 1133 WHITE OAK CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: DV
Name: SHULER, BEN F
Address: 1835 N. A1A, #601
City-St-Zip: INDIALANTIC, FL 32903

Title: DV
Name: KING, JASON
Address: 4014 GRANTINE RD.
City-St-Zip: MIMS, FL 32754

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: RICKETT M BAKER

DV

02/16/2011

Electronic Signature of Signing Officer or Director

Date