


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90055 007 ****61.25

DOCUMENT # N02000008372	
1. Entity Name SPACE COAST WINE GUILD, INC.	

Principal Place of Business 1290 KNECHT RD. NE PALM BAY, FL 32905	Mailing Address 1290 KNECHT RD. NE PALM BAY, FL 32905
---	---

50005013



2. Principal Place of Business 1290 Knecht Rd., NE Suite, Apt. #, etc.	3. Mailing Address 1290 Knecht Rd., NE Suite, Apt. #, etc.
--	--

01122005 Chg-NP CR2E037 (10/03)

City & State Palm Bay, FL	City & State Palm Bay, FL
Zip 32905	Country USA

4. FEI Number 06-1664025	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

6. Name and Address of Current Registered Agent NETTLES, DONNIE R 1290 KNECHT RD. NE PALM BAY, FL 32905	
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 P NAME STREET ADDRESS CITY-ST-ZIP	D NETTLES, DONNIE R 1290 KNECHT RD. NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, CHARLES 2555 NEW YORK ST. W. MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donna Thompson 2455 S. Tropical Trail Merritt Island, FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	D NETTLES, BETTY A 1290 KNECHT RD NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIMMAR, JANICE 2082 BARACUDA AVE. MELBOURNE BEACH, FL 32951 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kathy Snavelly 3501 Samuel Place Melbourne, FL 32934 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>DONNIE R. NETTLES</u> 	<u>1/16/05</u> <u>(321) 956-1894</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #