

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 045 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082006

Chg-NP

CR2E037 (11/05)

4. FEI Number
06-1664025

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NETTLES, DONNIE R
1290 KNECHT RD. NE
PALM BAY, FL 32905**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME **D**
STREET ADDRESS **NETTLES, DONNIE R**
CITY-ST-ZIP **1290 KNECHT RD. NE
PALM BAY, FL 32905**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **THOMPSON, DONNA**
CITY-ST-ZIP **2455 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NETTLES, BETTY A**
CITY-ST-ZIP **1290 KNECHT RD. NE
PALM BAY, FL 32905**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SNAVELY, KATHY**
CITY-ST-ZIP **3501 SAMUAL PLACE
MELBOURNE, FL 32934**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **Thompson, Donna**
CITY-ST-ZIP **2310 South Tropical Trail
Merritt Island, FL 32952**

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

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Snavely, Kathy**
CITY-ST-ZIP **3501 Samuel Place
Melbourne, FL 32934**

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE:

Donnie R. Nettles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06
Date

(321) 956-1894
Daytime Phone #