

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000817

FILED
May 11, 2006
Secretary of State

Entity Name: SPACECOAST PROGRESSIVE ALLIANCE, INC.

Current Principal Place of Business:

2112 HELEN ST
MELBOURNE, FL 329015914

New Principal Place of Business:

Current Mailing Address:

PO BOX 412
MELBOURNE, FL 329020412 US

New Mailing Address:

FEI Number: 57-1209724 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GUERIN, SPENCE
2112 HELEN ST
MELBOURNE, FL 329015914 US

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 () Delete
Name: DONALDSON, CAMERON M
Address: 2112 HELEN ST
City-St-Zip: MELBOURNE, FL 329015914

Title: DV () Delete
Name: RODGERS, DAVID
Address: 200 ATLANTIC BLVD
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: DS () Delete
Name: GUERIN, SPENCE
Address: 2112 HELEN ST
City-St-Zip: MELBOURNE, FL 32901

Title: DT () Delete
Name: ZITO, LINDA
Address: 2435 MICHIGAN ST
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: PACCIONE, MIKE
Address: 1010 HEATH AVE NW
City-St-Zip: PALM BAY, FL 32907

Title: DS (X) Change () Addition
Name: SUTHERLAND, KAREN
Address: PO BOX 510222
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DT (X) Change () Addition
Name: ZITO, LINDA
Address: 1284 KARLOVY AVE NW
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAMERON M. DONALDSON

DP

05/11/2006

Electronic Signature of Signing Officer or Director

Date