

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000817

**FILED**  
**Jan 12, 2010**  
**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:**

2112 HELEN STREET  
MELBOURNE, FL 329015914

**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 ( )**

**Name and Address of Current Registered Agent:**

GUERIN, SPENCE  
2112 HELEN ST  
MELBOURNE, FL 329015914 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: PRISTOOP, SIMON  
Address: 1923 HIGHWAY A1A #B6  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: DV  
Name: IMPOCO, VICKI  
Address: 104 CARISSA DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: DS  
Name: GABRENYA, WILLIAM  
Address: 311 PEGGY CIRCLE, NE  
City-St-Zip: PALM BAY, FL 32907 US

Title: DT  
Name: LEES, KATHY  
Address: 8226 SIMPKINS WAY  
City-St-Zip: MELBOURNE, FL 32940 US

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: KATHERINE DAVISON LEES

TREA

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date