


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State


08-04-2005 90005 017 ****61.25

DOCUMENT # N04000002266	
1. Entity Name SPACE COAST WORSHIP CENTER, INC.	

Principal Place of Business 7 FAIRWAY DR. COCOA BCH, FL 32931	Mailing Address 7 FAIRWAY DR. COCOA BCH, FL 32931
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2. Principal Place of Business 8758 Ilex Court Suite, Apt. #, etc.	3. Mailing Address 8758 Ilex Court Suite, Apt. #, etc.
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City & State Cape Canaveral, FL	City & State Cape Canaveral, FL
Zip 32920	Country USA
Zip 32920	Country USA

	
08012005 Chg-NP	CR2E037 (10/03)
4. FEI Number 20-0748330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GRAY, KEN 7 FAIRWAY DR. COCOA BCH, FL 32931	

7. Name and Address of New Registered Agent	
Name Adam Beauregard	
Street Address (P.O. Box Number is Not Acceptable)	
8758 Ilex Court	
City Cape Canaveral	FL Zip Code 32920

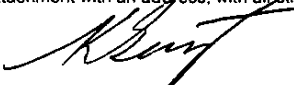
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Director Ken Gray  8-1-05
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 September 7, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, KEN	NAME	Summer Beauregard
STREET ADDRESS	7 FAIRWAY DR.	STREET ADDRESS	8758 Ilex Court
CITY-ST-ZIP	COCOA BCH, FL 32931	CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, KATHLEEN	NAME	Adam Beauregard
STREET ADDRESS	7 FAIRWAY DR.	STREET ADDRESS	8758 Ilex Court
CITY-ST-ZIP	COCOA BCH, FL 32931	CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	TD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, S. KEN SR.	NAME	Cathleen Gray
STREET ADDRESS	7 FAIRWAY DR.	STREET ADDRESS	7 Fairway Dr. #2
CITY-ST-ZIP	COCOA BCH, FL 32931	CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  Director Ken Gray 8-1-05