


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

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90094 023 ****61.25

DOCUMENT # N04000007349 1. Entity Name SPACE COAST HUMAN RESOURCE ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 541590 MERRITT ISLAND, FL 32954			Mailing Address P.O. BOX 541590 MERRITT ISLAND, FL 32954		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DONOVAN, ROBERT 2771 ENGLEWOOD DR. MELBOURNE, FL 32940				Name ROBERTS, KATHY Street Address (P.O. Box Number is Not Acceptable) 227 ANNALISA PLACE City MERRITT ISLAND FL Zip Code 32953	
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 <u><i>Kathryn K Roberts</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/7/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	D DONOVAN, ROBERT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONOVAN, ROBERT		NAME		
STREET ADDRESS	2771 ENGLEWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 329402		CITY-ST-ZIP		
TITLE	P ONEIL, KATHLEEN M <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONEIL, KATHLEEN M		NAME		
STREET ADDRESS	CSR 1500 PO BOX 4127		STREET ADDRESS		
CITY-ST-ZIP	PATRICK AFB, FL 32925		CITY-ST-ZIP		
TITLE	D ROBERTS, KATHY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, KATHY		NAME		
STREET ADDRESS	227 ANNALISA PLACE		STREET ADDRESS		
CITY-ST-ZIP	MERRIT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	P ROBERTS, KATHY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, KATHY		NAME		
STREET ADDRESS	227 ANNALISA PLACE		STREET ADDRESS		
CITY-ST-ZIP	MERRIT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	S WILSON, DOROTHY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, DOROTHY		NAME		
STREET ADDRESS	1613 SAB RD, RM 15		STREET ADDRESS		
CITY-ST-ZIP	PATRICK AFB, FL 32925		CITY-ST-ZIP		
TITLE	T LITSCHER, THERESA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITSCHER, THERESA		NAME		
STREET ADDRESS	P.O. BOX 4127, CSR 1500		STREET ADDRESS		
CITY-ST-ZIP	PATRICK AFB, FL 32925		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: <u><i>Theresa Litscher</i></u> Theresa Litscher <u>2/17/06</u> <u>321-494-9151</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					