

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007349

FILED
Mar 08, 2007
Secretary of State

Entity Name: SPACE COAST HUMAN RESOURCE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 541590
MERRITT ISLAND, FL 32954

New Principal Place of Business:

227ANNALISA PLACE
MERRITT ISLAND, FL 32953

Current Mailing Address:

P.O. BOX 541590
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 76-0800712 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBERTS, KATHY
227 ANNALISA PL
MERRITT ISLAND, FL 32953 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 () Delete
Name: ROBERTS, KATHY
Address: 227 ANNALISA PL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S () Delete
Name: WILSON, DOROTHY
Address: 1613 SAB RD RM 15
City-St-Zip: PATRICK AFB, FL 32925

Title: T () Delete
Name: LITSCHER, THERESA
Address: PO BOX 4127 CSR 1500
City-St-Zip: PATRICK AFB, FL 32925

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: LOUFEK, MICHELLE
Address: 150 N. SYKES CREEK PKWY, STE 200
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T (X) Change () Addition
Name: BEERMAN, TED
Address: PO BOX 656
City-St-Zip: CAPE CANAVERAL, FL 32920

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: MYRNA L. GALLIGANO

B

03/08/2007

Electronic Signature of Signing Officer or Director

Date