

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006149

FILED
Apr 28, 2009
Secretary of State

Entity Name: SPACE COAST FREETHOUGHT ASSOCIATION, INC.

Current Principal Place of Business:

1335 GOLF VISTA CT. NE
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 60448
PALM BAY, FL 32906

New Mailing Address:

FEI Number: 20-3009551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NARCISO, DIANNA
1335 GOLF VISTA CT. NE
PALM BAY, FL 32905 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: P () Delete
Name: CRAMER, WILLIAM D
Address: 4700 BABCOCK ST NE #19-189
City-St-Zip: PALM BAY, FL 32905

Title: VP () Delete
Name: LONG, ROBERT M
Address: 651 BINNEY ST NE
City-St-Zip: PALM BAY, FL 32901

Title: T () Delete
Name: SWEENEY, ANTOINETTE M
Address: 1741 SAGO PALM ST. NE
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: JOHNSON-CRAMER, Z CAMEO
Address: 4700 BABCOCK ST. NE #19-189
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: JOHNSON-CRAMER, Z CAMEO
Address: 4700 BABCOCK ST. NE #19-189
City-St-Zip: PALM BAY, FL 32905

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

I hereby certify that the information supplied with this filing does not qualify 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: Z CAMEO JOHNSON-CRAMER

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date