
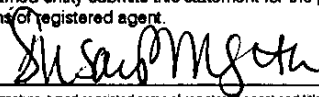
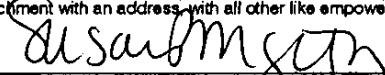


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90119 035 \*\*\*\*61.25

<b>DOCUMENT # N06186</b> 1. Entity Name <b>SPACE COAST ADVERTISING FEDERATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 361435 MELBOURNE, FL 32936-1435</b>			Mailing Address <b>150 COCONUT DRIVE SUITE 202 MELBOURNE, FL 32902</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2386564</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOODBIDGE, AMELIA 150 COCONUT DRIVE SUITE 202 INDIALANTIC, FL 32903</b>			7. Name and Address of New Registered Agent Name <b>Susan mcgrath</b> Street Address (P.O. Box Number is Not Acceptable) <b>United Way</b> <b>937 Dixon Blvd</b> City <b>Cocoa</b> <b>FL</b> Zip Code <b>32922</b>		
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 			DATE <b>4-21-08</b>		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOODBIDGE, AMELIA</b> <b>365 WILSON AVENUE</b> <b>SATELLITE BEACH, FL 32937</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KAERCHER, PAMELA</b> <b>144 ISLAND VIEW DRIVE</b> <b>INDIAN HARBOR BEACH, FL 32937</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>STONE, TERRY G</b> <b>2504 A BOGEY LANE</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>L'HEUREUX, LORI</b> <b>1895 ATRIUM DRIVE</b> <b>MELBOURNE, FL 32935</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President</b> <b>Susan McGrath</b> <b>937 Dixon Blvd</b> <b>Cocoa FL 32922</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Past President</b> <b>Caron Partridge</b> <b>937 Dixon Blvd</b> <b>Cocoa FL 32922</b>			
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: 			Date <b>4-21-08</b> Daytime Phone # <b>321-631-2740</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					