

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06186

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: SPACE COAST ADVERTISING FEDERATION, INC.

## Current Principal Place of Business:

P.O. BOX 361435  
MELBOURNE, FL 329361435

## New Principal Place of Business:

1355 S. PATRICK DRIVE  
SATELLITE BEACH, FL 32937

## Current Mailing Address:

150 COCONUT DRIVE SUITE 202  
MELBOURNE, FL 32902

## New Mailing Address:

1355 S. PATRICK DRIVE  
SATELLITE BEACH, FL 32937

FEI Number: 59-2386564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGRATHN, SUSAN  
937 DIXON BLVD  
COCOA, FL 32922 US

## Name and Address of New Registered Agent:

MCGRATH, SUSAN  
937 DIXON BLVD  
COCOA, FL 32922 US

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: SUSAN MCGRATH

01/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: KAERCHER, PAMELA  
Address: 144 ISLAND VIEW DRIVE  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: S ( ) Delete  
Name: L'HEUREUX, LORI  
Address: 1895 ATRIUM DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: P ( ) Delete  
Name: MCGRATH, SUSAN  
Address: 937 DIXON BLVD  
City-St-Zip: COCOA, FL 32922

Title: P ( ) Delete  
Name: PARTRIDGE, CARON  
Address: 937 DIXON BLVD.  
City-St-Zip: COCOA, FL 32922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PAMELA KAERCHER

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date