

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001524

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** SPACE COAST CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1005 E. STRAWBRIDGE AVENUE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1005 E. STRAWBRIDGE AVENUE  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-2840462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAEDCKE, MARCIA  
2000 S WASHINGTON AVE  
TITUSVILLE, FL 32780 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: D ( ) Delete  
Name: MEYER, SHANNON  
Address: 1005 E. STRAWBRIDGE AVENUE  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: GAEDCKE, MARCIA  
Address: 2000 S WASHINGTON AVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete  
Name: BISHOP, KATHLEEN  
Address: 4100 DIXIE HWY NE  
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete  
Name: HARRIS, RANDY  
Address: 400 FORTENBERRY RD  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MICHAELS, CHRISTINE  
Address: 1005 E. STRAWBRIDGE AVENUE  
City-St-Zip: MELBOURNE, FL 32901

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

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

Title: D (X) Change ( ) Addition  
Name: STAINS, MELISSA  
Address: 400 FORTENBERRY RD  
City-St-Zip: MERRITT ISLAND, FL 32952

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: MARCIA GAEDCKE

D

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date