2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003057

FILED Mar 26, 2008 Secretary of State

Entity Name: FLORIDA SPACE COAST MUNCH, INC.

Current Principal Place of Business: New Principal Place of Business: 452 WARRINGTON ROAD SW PALM BAY, FL 32908 **Current Mailing Address: New Mailing Address:** 452 WARRINGTON ROAD SW PALM BAY, FL 32908 FEI Number: 20-8958137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKER, JANET L 452 WARRINGTON ROAD SW PALM BAY, FL 32908 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

City-St-Zip:

PALM BAY, FL 32907

() Change () Addition () Delete BAKER, DAVID A Name: Name: 452 WARRINGTON ROAD SW Address: Address: City-St-Zip: PALM BAY, FL 32908 City-St-Zip: Title: () Delete Title: (X) Change () Addition HILLLIER, WILLIAM G Name: HILLLIER, WILLIAM G Name: Address: 452 WARRINGTON ROAD SW Address: 452 WARRINGTON ROAD SW City-St-Zip: PALM BAY, FL 32908 City-St-Zip: PALM BAY, FL 32908 Title: SECY () Delete Title: (X) Change () Addition BAKER, JANET L BAKER, JANET L Name: Name: 452 WARRINGTON AVENUE SW 452 WARRINGTON AVENUE SW Address: Address: City-St-Zip: PALM BAY, FL 32908 City-St-Zip: PALM BAY, FL 32908 Title: TREA () Delete Title: (X) Change () Addition Name: WORD, PATRICIA D Name: BOYER, JENNIFER L 819 DELANO AVENUE NW Address: Address: 1562 HOLCOMB STREET NW City-St-Zip: PALM BAY, FL 32908 City-St-Zip: PALM BAY, FL 32907 AVP Title: (X) Delete Title: () Change () Addition BOYER, JENNIFER L Name: Name: 1562 HOLCOMB STREET NW Address: Address:

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.

City-St-Zip:

SIGNATURE: JENNIFER L. BOYER Т 03/26/2008