

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003725

FILED
Apr 10, 2009
Secretary of State

Entity Name: SPACE COAST CENTRAL FLORIDA WRECK ASSOCIATION, INC.

Current Principal Place of Business:

3990 AIRLIFT STREET
COCOA, FL 329273902 US

New Principal Place of Business:

241 PEACHTREE STREET
COCOA, FL 329227778 US

Current Mailing Address:

3990 AIRLIFT STREET
COCOA, FL 329273902 US

New Mailing Address:

FEI Number: 26-2425038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, JOHN W
3990 AIRLIFT STREET
COCOA, FL 329273902 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: GIFFIN, CHUCK
Address: 33 AZALEA DR.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: VPST () Delete
Name: WALKER, JOHN W
Address: 3990 AIRLIFT ST.
City-St-Zip: COCOA, FL 329273902 US

Title: D () Delete
Name: JONES, LEON
Address: 1509 ROOSEVELT AVE.
City-St-Zip: ORLANDO, FL 32804 US

Title: D () Delete
Name: GUGLIELMO, GEORGE
Address: 5926 PARK RIDGE CIR.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: D () Delete
Name: CHRISTY, CHARLES
Address: 298 NE JARO STREET
City-St-Zip: PALM BAY, FL 32907 US

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:

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: JOHN W. WALKER

VPST

04/10/2009

Electronic Signature of Signing Officer or Director

Date