

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08485

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORIDA SPACE COAST COUNCIL FOR INTERNATIONAL VISITORS, INC.

Current Principal Place of Business:

C/O RICHARD TWEED
444 NAISH AVE
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

POB 406
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-2635130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCOTTE, MARGARET C
455 GENESSEE AVE
INDIALANTIC, FL 32903 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: VD () Delete
Name: SHURTLEFF, MARIE LOUISE C
Address: 608 TORTOISE WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD () Delete
Name: MARCOTTE, MARGARET
Address: 455 GENESEE AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: P () Delete
Name: SHURTLEFF, ROGER
Address: 608 TORTOISE WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: TWEED, RICHARD
Address: 444 NAISH AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: SD () Delete
Name: ROPP, ARLAN
Address: 7455 DARIEN RD
City-St-Zip: COCOA, FL 32927

Title: ED (X) Delete
Name: MARCOTTE, STUART W
Address: 455 GENESEE AVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: PAWLAK, HARRY
Address: 748 SANDPIPER DR
City-St-Zip: SATELLITE BEACH, FL 32937

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

Title: () Change () Addition
Name:
Address:
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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: MARGARET C. MARCOTTE

TD

04/23/2009

Electronic Signature of Signing Officer or Director

Date