## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08485

FILED Mar 07, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

LINDA R. NELMS

1076 ACAPPELLA DRIVE

MELBOURNE, FL 32940 US

884 SPANISH WELLS DR.

MELBOURNE, FL 32940 US

Current Mailing Address: New Mailing Address:

LINDA R. NELMS

1076 ACAPPELLA DRIVE

MELBOURNE, FL 32940 US

884 SPANISH WELLS DR.

MELBOURNE, FL 32940 US

FEI Number: 59-2635130 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NELMS, LINDA R
1076 ACAPPELLA DRIVE
MELBOURNE, FL 32940 US

JAGROWSKI, BARBARA A
884 SPANISH WELLS DR.
MELBOURNE, FL 32940 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: BARBARA A. JAGROWSKI 03/07/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: SHURTLEFF, ROGER JR Address: 608 TORTOISE WAY

City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: VP

Name: KEANE, PATRICK Address: 420 RED SAIL WAY

City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: S

 Name:
 BATES, ROSLYN

 Address:
 290 PARADISE BLVD.

 City-St-Zip:
 INDIALANTIC, FL 32903 US

Title: T

Name: JAGROWSKI, BARBARA A Address: 884 SPANISH WELLS DR. City-St-Zip: MELBOURNE, FL 32940 US

Title: D

Name: GRUNDY-SHURTLEFF, MARIE LOUISE

Address: 608 TORTOISE WAY

City-St-Zip: SATELLITE BEACH, FL 32937 US

Title:

 Name:
 ROPP, ARLAN

 Address:
 7455 DARIEN RD.

 City-St-Zip:
 COCOA, FL 32927 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA A. JAGROWSKI T 03/07/2012