

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14573

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** SPACE COAST PC USERS GROUP, INCORPORATED

**Current Principal Place of Business:**

308 FORREST AVE  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 0369  
COCOA, FL 329230369

**New Mailing Address:**

**FEI Number:** 59-2965844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRSCHNER, MARK  
1111 BYRD ST  
MELBOURNE, FL 32935 US

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

MURPHY, JOHN W  
2277 BRIGHTWOOD CIR  
VIERA, FL 32955 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: JOHN W. MURPHY

03/04/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: ROSENTHAL, STEVE  
Address: 1430 DIXON BLVD APT 221  
City-St-Zip: COCOA, FL 32922 US

Title: T/D ( ) Delete  
Name: BROWN, JAMES K  
Address: 8700 RIDGEWOOD AVE UNIT # B-301  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: V/D ( ) Delete  
Name: BENNETT, LARRY  
Address: 7560 GREENBORO DR APT 4  
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: S/D ( ) Delete  
Name: PEARSON, HARRY  
Address: 8703 CAMELIA CT  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: D ( ) Delete  
Name: INGRAHAM, RONALD L  
Address: 9570 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: D ( ) Delete  
Name: DUGOFF, LETA  
Address: 1024 FAIRWAY LN  
City-St-Zip: ROCKLEDGE, FL 32955 US

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

Title: P/D (X) Change ( ) Addition  
Name: MURPHY, JOHN W  
Address: 2277 BRIGHTWOOD CIR  
City-St-Zip: VIERA, FL 32955 US

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: JAMES K. BROWN

T/D

03/04/2009

Electronic Signature of Signing Officer or Director

Date