


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26013</b>	
1. Entity Name SPACE COAST CHAPTER OF NATIONAL TECHNICAL ASSOCIATION, INC.	

Principal Place of Business 835 SYCAMORE STREET TITUSVILLE, FL 32780	Mailing Address P.O. BOX 21144 KENNEDY SPACE CENTER, FL 32815
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**DO NOT WRITE IN THIS SPACE**



07302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2650311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GREN, ERIC C 1956 CARPENTER ROAD NORTH TITUSVILLE, FL 32796	<b>DO NOT WRITE IN THIS SPACE</b>
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B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when refiling) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000169216  
08/02/04-80015-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ERIC 1956 CARPENTER ROAD TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, JAMES JR. 3488 FOXTON CT OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRELL, BERNADETTE 1354 HERITAGE ACRES BLVD. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, JAMES 9223 ALLWOOD PLACE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEED, WELMON 1328 HERITAGE ACRES BLVD. ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *WELMON V SPEED JR* NTA FINANCIAL OFFICER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/30/04* 321 867-6043  
Date Daytime Phone #