


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90318 041 \*\*\*\*61.25

<b>DOCUMENT # N49992</b> 1. Entity Name <b>SPACE COAST THUNDERBIRD CLUB, INC.</b>					
Principal Place of Business <b>319 EIGHTH AVE INDIANTIC, FL 32903 US</b>			Mailing Address <b>319 EIGHTH AVE INDIANTIC, FL 32903 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STEWART, CLELL 319 EIGHTH AVE INDIALANTIC, FL 32903</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b></div> Zip Code	
8. 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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOORCROFT, PATRICIA</b>		NAME	<b>MOORCROFT, PATRICIA</b>	
STREET ADDRESS	<b>606 QUEENSBRIDGE DR</b>		STREET ADDRESS	<b>606 QUEENSBRIDGE DR</b>	
CITY-ST-ZIP	<b>LAKE MARY, FL 31746</b>		CITY-ST-ZIP	<b>LAKE MARY, FL 31746</b>	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>STEWART, CLELL</b>		NAME	<b>VICE PRESIDENT</b>	
STREET ADDRESS	<b>319 8TH AVE</b>		STREET ADDRESS	<b>QUEEN, GEORGE</b>	
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>		CITY-ST-ZIP	<b>335 CORONA AVE.</b>	
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SKOV, IRV</b>		NAME	<b>SKOV, IRV</b>	
STREET ADDRESS	<b>937 BUFORD ST. NE</b>		STREET ADDRESS	<b>937 BUFORD ST. NE</b>	
CITY-ST-ZIP	<b>PALM BAY, FL 32907</b>		CITY-ST-ZIP	<b>PALM BAY, FL 32907</b>	
TITLE	BOD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WARREN, SHARON</b>		NAME	<b>TREASURER</b>	
STREET ADDRESS	<b>P.O. BOX 1999</b>		STREET ADDRESS	<b>STEWART, CLELL</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33802</b>		CITY-ST-ZIP	<b>319 EIGHTH AVE.</b>	
TITLE	DOD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WATTS, DAN</b>		NAME	<b>BOD</b>	
STREET ADDRESS	<b>1 OCEAN WEST BLVD #944</b>		STREET ADDRESS	<b>WARREN, SHARON</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES, FL 32118</b>		CITY-ST-ZIP	<b>P.O. BOX 1999</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SMITH, STEVE</b>		NAME	<b>BOD</b>	
STREET ADDRESS	<b>855 CANAL ST.</b>		STREET ADDRESS	<b>CLUTHE, RICHARD</b>	
CITY-ST-ZIP	<b>COCOA, FL 32926</b>		CITY-ST-ZIP	<b>1875 EDEN COURT</b>	
				<b>VERO BEACH, FL 32462</b>	
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.					
<b>SIGNATURE:</b> <u>Clell Stewart</u> <b>CLELL STEWART</b>			Date <u>4/10/04</u> Daytime Phone # <u>321-725-1944</u>		