


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N49992 1. Entity Name SPACE COAST THUNDERBIRD CLUB, INC.	
---	---

Principal Place of Business 319 EIGHTH AVE INDIALANTIC, FL 32903 US	Mailing Address 319 EIGHTH AVE INDIALANTIC, FL 32903 US
---	---



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3125080	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 STEWART, CLELL 319 EIGHTH AVE INDIALANTIC, FL 32903

DO NOT WRITE IN THIS SPACE

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 <u>CLELL STEWART TREASURER Clell Stewart</u> 3-22-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000869789 04/09/08-80063-016 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, EDWARD 2088 MAJESTIC PINES CT PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORCROFT, PATRICIA 606 QUEENSBRIDGE DR LAKE MARY, FL 31746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOV, IRV 937 BUFORD ST NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, CLELL 319 EIGHTH AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOD WATTS, EILEEN 1 OCEAN W BLVD 9A4 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD WATTS, DAN 1 OCEAN W BLVD 9A4 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>CLELL STEWART Clell Stewart</u> 3-22-08 321-725-1944 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>