2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005200

Entity Name: SPACE COAST CAT CLUB, INC.

13565 TANGERINE BLVD.

WEST PALM BEACH, FL 33412

Address:

City-St-Zip:

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
14760 CRAZY HORSE LANE PALM BEACH GARDENS, FL 33418			13565 TANGERINE BLVD WEST PALM BEACH, FL 33412	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
PO BOX 30396 PALM BEACH GARDENS, FL 33420		13565 TANGERINE BLVD WEST PALM BEACH, FL 33412		
FEI Number: 59-3527490 FEI	Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DEEN, DALAINA 13565 TANGERINE BLVD. WEST PALM BEACH, FL 33412 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:				
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD () Delete	e	Title: () Change () Addition	

DUCKETT, NANCY Name: Name: Address: 6480 S.E. 42ND CT Address: City-St-Zip: City-St-Zip: OCALA, FL 34480 Title: SD () Delete Title: () Change () Addition Name: DEEN, DALAINA Name: Address: 13565 TANGERINE BLVD. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: () Delete Title: (X) Change () Addition CARTER, DARCELLE D Name: WIDEMER, THOMAS Name: PO BOX 30396 13565 TANGERINE BLVD Address: Address: PALM BEACH GARDENS, FL 33420 City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33412 VPD () Delete Title: Title: VPD (X) Change () Addition BELFATTO, ROBERT Name: WIDEMER, THOMAS Name:

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.

Address:

City-St-Zip:

505 2ND AVENUE

MELBOURNE BEACH, FL 32951

SIGNATURE: DALAINA DEEN SD 01/05/2009