


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90134 017 ****61.25

DOCUMENT # N99000003828					
1. Entity Name SEA ROCKET CHAPTER OF FLORIDA, INC.					
Principal Place of Business 708 WATERMILL DRIVE MERRITT ISLAND, FL 32952			Mailing Address PO BOX 1095 COCOA, FL 32923-1095		
2. Principal Place of Business 1455 Concord Av			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Merritt Island FL			City & State		
Zip 32952		Country USA		Zip	
Country		Country		4. FEI Number 52-3583536	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, BARBARA 708 WATERMILL DRIVE MERRITT ISLAND, FL 32952				7. Name and Address of New Registered Agent Name: Paula Berntson Street Address (P.O. Box Number is Not Acceptable): 1455 Concord Av City: Merritt Island FL Zip Code: 32952	
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>Paula Berntson</u> Director Date: <u>5/4/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME HENRY, BARBARA STREET ADDRESS 708 WATERMILL DRIVE CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete		TITLE D NAME PAULA BERNTSON STREET ADDRESS 1455 Concord Av CITY-ST-ZIP Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SZUCHY, EILEEN STREET ADDRESS 2035 ROCKLEDGE DR CITY-ST-ZIP ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete		TITLE D NAME JENNIFER BRUCKLER STREET ADDRESS 4010 BARK LN CITY-ST-ZIP Titusville, FL 32996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BOUTILLIER, MARY STREET ADDRESS 6745 RIVEREDGE DRIVE CITY-ST-ZIP TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOLTEN, KATRINA STREET ADDRESS 5729 LORD STREET CITY-ST-ZIP SCOTTSMOOR, FL 32775	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HILL, GAIL STREET ADDRESS 2155 REYNARD PLACE CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>KATRINA HOLTEN</u>			Date: <u>5/10/04</u>		Daytime Phone #: <u>321-536-3327</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

KATRINA HOLTEN