

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90098 035 ****61.25

DOCUMENT # N99000003828			
1. Entity Name SEA ROCKET CHAPTER OF FLORIDA, INC.			
Principal Place of Business 1455 CONCORD AVE. MERRITT ISLAND, FL 32952		Mailing Address PO BOX 1095 COCOA, FL 32923-1095	
2. Principal Place of Business 2035 Rockledge Dr. Suite, Apt. #, etc. Rockledge FL		3. Mailing Address PO Box 1095 Suite, Apt. #, etc.	
City & State 32955 USA		City & State Cocoa FL	
Zip 32923-1095		Zip 32923-1095	
Country USA		Country USA	
4. FEI Number 59-3583536		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 BERNTSON, PAULA 1455 CONCORD AV MERRITT ISLAND, FL 32952		7. Name and Address of New Registered Agent Name: Eileen Szuchy Street Address (P.O. Box Number is Not Acceptable): 2035 Rockledge Drive City: Rockledge FL Zip Code: 32955	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 checked="" type="checkbox"/> Delete	TITLE Vice President NAME Barbara Venuto STREET ADDRESS 835 Lakewood Circle CITY-ST-ZIP Merritt Island FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BERNTSON, PAULA STREET ADDRESS 1455 CONCORD AVE. CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE Director NAME Beantson, Paula STREET ADDRESS 1455 Concord Ave. CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SZUCHY, EILEEN STREET ADDRESS 2035 ROCKLEDGE DR CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE President NAME SZUCHY, EILEEN STREET ADDRESS 2035 Rockledge Drive CITY-ST-ZIP Rockledge FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HOLTEN, KATRINA STREET ADDRESS 5729 LORD STREET CITY-ST-ZIP SCOTTSMOOR, FL 32775	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Joanie Regan STREET ADDRESS 1600 Minuteman Cswy. CITY-ST-ZIP Cocoa Beach FL 32931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Delete	TITLE Treasurer NAME MICHELLE CLIFTON STREET ADDRESS 800 Switchgrass Island Rd. CITY-ST-ZIP Cocoa FL 32926	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Delete	TITLE (blank) NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Eileen Szuchy		Eileen Szuchy April 15, 2006 321-634-5248	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	