


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 045 ****61.25

DOCUMENT # N99000003828	
1. Entity Name SEA ROCKET CHAPTER OF FLORIDA, INC.	

Principal Place of Business 2035 ROCKLEDGE DRIVE ROCKLEDGE FL 32955 US		Mailing Address 2035 Rockledge Dr. PO BOX 1095 FL 32955 COCOA FL 32923-1095 US	
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 SZUCHY, EILEEN 2035 ROCKLEDGE DRIVE ROCKLEDGE FL 32955	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> Delete
NAME	VENUTO, BARBARA
STREET ADDRESS	835 LAKEWOOD CIRCLE
CITY-STATE-ZIP	MERRITT ISLAND FL 32952
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BERNTSON, PAULA
STREET ADDRESS	1455 CONCORD AVE.
CITY-STATE-ZIP	MERRITT ISLAND FL 32952
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	SZUCHY, EILEEN
STREET ADDRESS	2035 ROCKLEDGE DR
CITY-STATE-ZIP	ROCKLEDGE FL 32955
TITLE	S <input type="checkbox"/> Delete
NAME	REGAN, JOANIE
STREET ADDRESS	1600 MINTUEMAN CAUSEWAY
CITY-STATE-ZIP	COCOA BEACH FL 32931
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	CLIFTON, MICHELLE
STREET ADDRESS	800 SWITCH GRASS ISLAND ROAD
CITY-STATE-ZIP	COCOA FL 32926
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen Szuchy
STREET ADDRESS	2035 Rockledge Dr.
CITY-STATE-ZIP	Rockledge, FL 32955
TITLE	Elizabeth Page - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 802 Mims
CITY-STATE-ZIP	Mims, FL 32754
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen Szuchy
STREET ADDRESS	2035 Rockledge Dr.
CITY-STATE-ZIP	Rockledge, FL 32955
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <u>Eileen Szuchy</u> <u>Eileen Szuchy</u>	03/23/07	321-634-5248
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