


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90028 013 \*\*\*\*61.25

<b>DOCUMENT # N99000003828</b>	
1. Entity Name SEA ROCKET CHAPTER OF FLORIDA, INC.	

Principal Place of Business 2035 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955 US	Mailing Address 2035 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955 US
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2. Principal Place of Business - No P.O. Box # 3965 RICHY RD Suite, Apt. #, etc.	3. Mailing Address PO Box 802 Suite, Apt. #, etc.
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City & State Mims, FL Zip 32754 Country BREVARD	City & State Mims, FL Zip 32754 Country BREVARD
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03302008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3583536	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SZUCHY, EILEEN 2035 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955	7. Name and Address of New Registered Agent Name ELIZABETH N PAGE Street Address (P.O. Box Number is Not Acceptable) 3965 RICHY RD City Mims FL Zip Code 32754
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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 Signature, typed or printed name of registered agent and title, if applicable.	ELIZABETH N PAGE TREASURER 3/30/08 (NOTE: Registered Agent signature required when reinstating) DATE

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VENUTO, BARBARA 835 LAKEWOOD CIRCLE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZUCHY, EILEEN 2035 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULA BERNTSON 1455 CONCORD AVE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAGE, ELIZABETH P.O. BOX 802 MIMS, FL 32754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REGAN, JOANIE 1600 MINTUEMAN CAUSEWAY COCOA BEACH, FL 32931 <input checked="" 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	T SZUCHY, EILEEN 2035 ROCKLEDGE DR. ROCKLEDGE, FL 32955 <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIRGINIA BLAETZ 510 CARTER ST COCOA, FL 32927 <input type="checkbox"/> Change <input checked="" 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: Signature and typed or printed name of signing officer or director	ELIZABETH N PAGE TREASURER 3/30/08 321-269-0555 Date of Signature Daytime Phone #
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