

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003828

FILED
Apr 12, 2009
Secretary of State

Entity Name: SEA ROCKET CHAPTER OF FLORIDA, INC.

Current Principal Place of Business:

3965 RICHY RD.
MIMS, FL 32754 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 802
MIMS, FL 32754 US

New Mailing Address:

3965 RICHY RD.
MIMS, FL 32754 US

FEI Number: 59-3583536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE, ELIZABETH N
3965 RICHY RD.
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: VENUTO, BARBARA
Address: 835 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: BERNTSON, PAULA
Address: 1455 CONCORD AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: PAGE, ELIZABETH
Address: P.O. BOX 802
City-St-Zip: MIMS, FL 32754

Title: S () Delete
Name: BLAETZ, VIRGINIA
Address: 510 CARTER ST.
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEYER, SUZANNE
Address: 1873 FOSSE
City-St-Zip: TITUSVILLE, FL 32796

Title: VP (X) Change () Addition
Name: SPRINGER, DEBRA
Address: 2300 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ELIZABETH PAGE

MS

04/12/2009

Electronic Signature of Signing Officer or Director

Date