


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000024669

1. Entity Name
SPACE COAST CREDIT UNION FINANCIAL SERVICES, INC.



Principal Place of Business 8045 N. WICKHAM RD MELBOURNE, FL 32941	Mailing Address 1980 N. ATLANTIC AVENUE SUITE 801 COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3179358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KABBOORD, JOHN J JR.
1980 N. ATLANTIC AVENUE, SUITE 801
COCOA BEACH, FL 32931

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000093873
03/22/04-80037-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENFRO, CHARLES 8045 N. WICKHAM RD MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALDWIN, TOM 8045 N. WICKHAM ROAD MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SAMUELS, DOUG 8045 N. WICKHAM ROAD MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMS, WILLIAM G 8045 N. WICKHAM ROAD MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, WILLIAM 8045 N. WICKHAM ROAD MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: *Tom Baldwin* **Tom BALDWIN** 1/16/04 (321) 752-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #