

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024669

FILED  
Jul 05, 2007  
Secretary of State

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

**Current Principal Place of Business:**

8045 N. WICKHAM RD  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

1980 N. ATLANTIC AVENUE  
SUITE 801  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 59-3179358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RENFRO, CHARLES  
Address: 8045 N. WICKHAM RD  
City-St-Zip: MELBOURNE, FL 32940

Title: P ( ) Delete  
Name: BALDWIN, TOM  
Address: 8045 N. WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: ST ( ) Delete  
Name: SAMUELS, DOUG  
Address: 8045 N. WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: THOMS, WILLIAM G  
Address: 8045 N. WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: LEWIS, WILLIAM  
Address: 8045 N. WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. BALDWIN

PRES

07/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date