

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024669

FILED
Jan 19, 2009
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

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: VP (X) Change () Addition
Name: ANTONITION, TIMOTHY
Address: 8045 N. WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32940

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

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date