

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001220

Entity Name: SPACECOAST AUTHORS OF ROMANCE, INC.**Current Principal Place of Business:**4625 WHIPPLE HOLLOW RD
MELBOURNE, FL 32934**Current Mailing Address:**P.O. BOX 410787
MELBOURNE, FL 32940 US**FEI Number:** 59-3663056**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COOPER, LAURIE
4625 WHIPPLE HOLLOW RD
MELBOURNE, FL 32934 US*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**Officer/Director Detail :**

Title	TRES
Name	GOENTZEL, CORRINA
Address	P.O. BOX 410787
City-State-Zip:	MELBOURNE FL 32940

Title	PRES
Name	GERACI, MARIA
Address	P.O. BOX 410787
City-State-Zip:	MELBOURNE FL 32940

Title	SEC
Name	TASTINGER, KERRY
Address	P.O. BOX 410787
City-State-Zip:	MELBOURNE FL 32940

Title	PAST PRESIDENT
Name	KRIDLER, CHRIS
Address	P.O. BOX 410787
City-State-Zip:	MELBOURNE FL 32940

Title	VP
Name	DODDS, MARIE
Address	P.O. BOX 410787
City-State-Zip:	MELBOURNE FL 32940

I hereby 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 all other like empowered.

SIGNATURE: MARIA GERACI**PRESIDENT****01/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date