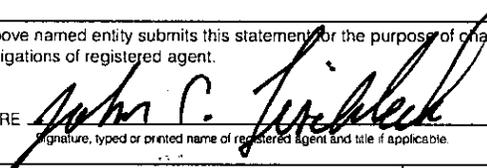
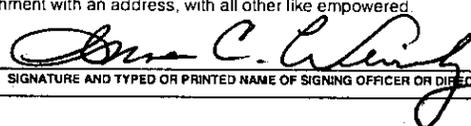


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90394 043 ****61.25

DOCUMENT # N96000005463			
1. Entity Name SPACE COAST CREW BOOSTERS, INCORPORATED			
Principal Place of Business P.O. BOX 372252 SATELLITE BEACH, FL 32937-0252		Mailing Address P.O. BOX 372252 SATELLITE BEACH, FL 32937-0252	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03232004		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3400552		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REHWOLDT, LARRY 670 GRANT COURT SATELLITE BEACH, FL 32937		Name JOHN FISCHBECK Street Address (P.O. Box Number is Not Acceptable) 929 FOSTORIA DR. City MELBOURNE FL Zip Code 32935	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOPP, ARTHUR C 3365 KENT DRIVE MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN FISCHBECK 929 FOSTORIA DR. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REHWOLDT, LARRY D 670 GRANT CT SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOB PARKS 109 SE 4th St. SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD JOHNSON, DIANE 4157 MOCKINGBIRD DR. MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VIVIANNE DAVEY 7786 MANGO GROVE AVE. WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD GILLIKIN, DEBBIE 1175 FAULKINGHAM RD. MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANN WEINBERG 3174 VILLA ESPANA TR. MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYRA, LAROCHE 504 CARRIAGE RD. SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 3-25-04 321-242-3750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	