

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011895

Entity Name: SPACE COAST FIELD OF DREAMS, INC.**Current Principal Place of Business:**3053 FELL ROAD
WEST MELBOURNE, FL 32904**Current Mailing Address:**PO BOX 120878
WEST MELBOURNE, FL 32912 US**FEI Number:** 20-8162301**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENN, DANIEL
3053 FELL RD
WEST MELBOURNE, FL 32904 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:** DANIEL HENN

04/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WEISS, ROSALIND
Address PO BOX 120878
City-State-Zip: WEST MELBOURNE FL 32912

Title TREASURER
Name HENN, DANIEL
Address PO BOX 120878
City-State-Zip: WEST MELBOURNE FL 32912

Title SECRETARY
Name ADAMS, DIANA
Address PO BOX 120878
City-State-Zip: WEST MELBOURNE FL 32912

Title VP
Name MCLOUGHLIN, P J
Address PO BOX 120878
City-State-Zip: WEST MELBOURNE FL 32912

Title DIRECTOR
Name KLENOTICH, MICHAEL
Address PO BOX 120878
City-State-Zip: WEST MELBOURNE FL 32912

Title DIRECTOR
Name MASSON, JACK
Address PO BOX 120878
City-State-Zip: WEST MELBOURNE FL 32912

Title DIRECTOR
Name ROSE, HAL
Address PO BOX 120878
City-State-Zip: WEST MELBOURNE FL 32912

Title DIRECTOR
Name THOMAS, JOHN
Address PO BOX 120878
City-State-Zip: WEST MELBOURNE FL 32912

Continues on page 2

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: DIANA ADAMS**SECRETARY**

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TAM, BRETT
Address	PO BOX 120878
City-State-Zip:	WEST MELBOURNE FL 32912