## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011895

Entity Name: SPACE COAST FIELD OF DREAMS, INC.

FILED
Apr 30, 2024
Secretary of State
0134055297CC

## **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:

HATTAWAY, ROBYN 1290 US HIGHWAY 1 SUITE 103 ROCKLEDGE, FL 32955 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: ROBYN HATTAWAY 04/30/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

NameWEISS, ROSALINDNameMCLOUGHLIN, P JAddressPO BOX 120878AddressPO BOX 120878

City-State-Zip: WEST MELBOURNE FL 32912 City-State-Zip: WEST MELBOURNE FL 32912

TitleDIRECTORTitleDIRECTORNameKLENOTICH, MICHAELNameMASSON, JACKAddressPO BOX 120878AddressPO BOX 120878

City-State-Zip: WEST MELBOURNE FL 32912 City-State-Zip: WEST MELBOURNE FL 32912

Title DIRECTOR
Name TAM, BRETT
Address PO BOX 120878

City-State-Zip: WEST MELBOURNE FL 32912

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: PJ MCLOUGHLIN

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/30/2024