## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006424

Entity Name: SPACE COAST DANCE CLUB, INC.

**Current Principal Place of Business:** 

1121 WREN CIRCLE

BAREFOOT BAY, FL 32976

**Current Mailing Address:** 

POB 410664

MELBOURNE, FL 32941 US

FEI Number: 27-0350228 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KRYWE, RICH 1121 WREN CIRCLE

BAREFOOT BAY, FL 32976 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: RICH KRYWE 04/23/2023

Electronic Signature of Registered Agent

Date

**FILED** Apr 23, 2023

Secretary of State

6419683783CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

SMITH, RONALD DANDENEAU, STEVE Name Name

603 CEDARSIDE WAY Address Address 2186 HWY A1A

MELBOURNE FL 32940 City-State-Zip: City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title DIRECTOR

Title DIRECTOR FOLEY, REGINA Name

Name SILVESTER, JOAN Address 571 EDWARD ROAD

1540 MEADOWBROOK ROAD NE Address City-State-Zip: WEST MELBOURNE FL 32904

City-State-Zip: PALM BAY FL 32905

Title **PRESIDENT** Title **SECRETARY** 

Name KRYWE, RICH Name TUGGLE, DIANA

Address 1141 WREN CIRCLE Address 1424 BROOKLEY RD SEBASTIAN FL 32976

City-State-Zip: City-State-Zip: MELBOURNE FL 32901

Title **TREASURER** Title **OFFICER** 

WERNER, DEBORAH Name GORDON, PHILLIP Name Address 18 MARINA ISLE BLVD Address 138 E LAILA DR

INDIAN HARBOR BEACH FL 32937 City-State-Zip: MELBOURNE FL 32904 City-State-Zip:

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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.

04/23/2023 SIGNATURE: JOAN SILVESTER DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

NameARRIBAS, NATHALIEAddress412 BYWOOD AVECity-State-Zip:SEBASTIAN FL 32958