

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007254

**Entity Name:** NAIFA-SPACE COAST, INC.

**Current Principal Place of Business:**

DENWOOD PARRISH  
2054 CHERRYWOOD DR  
MELBOURNE, FL 32935-5517

**Current Mailing Address:**

PO BOX 411383  
MELBOURNE, FL 32941-1383 US

**FEI Number:** 27-0566835

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DENWOOD B PARRISH FINANCIAL PROFESSIONAL, LLC  
PARRISH AND OVENS  
2054 CHERRYWOOD DR  
MELBOURNE, FL 32935-5517 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:** DENWOOD B PARRISH

04/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SHELTON, MARVIN L  
Address 7777 N WICKHAM RD PMB 12-501  
City-State-Zip: MELBOURNE FL 32940-7976

Title PRESIDENT, DIRECTOR  
Name ADOVASIO, DAN  
Address 7350 SHOPPES DR  
101  
City-State-Zip: MELBOURNE FL 32940-6076

Title DIRECTOR  
Name DIBELLA, ROBERT P  
Address 150 INTERLACHEN RD  
City-State-Zip: MELBOURNE FL 32940-1979

Title DIRECTOR  
Name SUKOLSKY, ROBERT S  
Address 325 5TH AVE  
101  
City-State-Zip: INDIALANTIC FL 32903--4273

Title SECRETARY, TREASURER,  
DIRECTOR  
Name PARRISH, DENWOOD B  
Address PARRISH AND OVENS  
PO BOX 1492  
City-State-Zip: MELBOURNE FL 32902-1492

Title PRESIDENT-ELECT, DIRECTOR  
Name CHANDLER, SCOTT D  
Address NEW YORK LIFE  
976 BREVARD AVE B  
City-State-Zip: ROCKLEDGE FL 32955-2156

Title DIRECTOR  
Name KNIGHT, BILL  
Address 2301 SUNRISE BLVD  
City-State-Zip: FT PIERCE FL 34982-3500

Title DIRECTOR  
Name MYERS, CURTIS L  
Address 31 FORREST AVE  
City-State-Zip: COCOA FL 32922-7688

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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.*

**SIGNATURE:** DENWOOD B, PARRISH

SECRETARY-TREASURER 04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CILENTO, STEPHEN J  
Address        MAITLAND PROMENADE II BUILDING  
                  495 NORTH KELLER RD 150  
City-State-Zip: MAITLAND FL 32751-8658

Title           DIRECTOR  
Name           GONEN, ERIN E  
Address        31 FORREST AVE  
City-State-Zip: COCOA FL 32922-7688