2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2016
Secretary of State
CC4622055045

DOCUMENT# N15000012158

Entity Name: SHARESPACE FOUNDATION, INC.

Current Principal Place of Business:

8700 ASTRONAUT BLVD., #1048
CAPE CANAVERAL, FL 32920

Current Mailing Address:

8700 ASTRONAUT BLVD., #1048
CAPE CANAVERAL, FL 32920 US

FEI Number: 54-1897591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEBLANC, LINN
8700 ASTRONAUT BLVD., #1048
CAPE CANAVERAL, FL 32920 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	ALDRIN, BUZZ
Address	8700 ASTRONAUT BLVD., #1048
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	D
Name	ALDRIN, ANDREW
Address	8700 ASTRONAUT BLVD., #1048
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	D
Name	ALDRIN, JANICE
Address	8700 ASTRONAUT BLVD., #1048
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	D
Name	CARLSON, LAYTH
Address	8700 ASTRONAUT BLVD., #1048
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	D
Name	KORP, CHRISTINA
Address	8700 ASTRONAUT BLVD., #1048
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	D
Name	LEBLANC, LINN A
Address	8700 ASTRONAUT BLVD., #1048
City-State-Zip:	CAPE CANAVERAL FL 32920

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: LINN A. LEBLANC DIRECTOR 08/24/2016

Electronic Signature of Signing Officer/Director Detail — Date