

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005463

Entity Name: SPACE COAST CREW BOOSTERS, INCORPORATED**Current Principal Place of Business:**1329 BANANA RIVER DR
INDIAN HARBOUR BEACH, FL 32937**Current Mailing Address:**PO BOX 372252
SATELLITE BEACH, FL 32937**FEI Number:** 59-3400552**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LANDIS, SCOTT
850 PERGRINE DR
INDIALANTIC, FL 32903 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:** SCOTT LANDIS

01/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name POLOSKI, ROBERT
Address 1398 GAUCHO RD. SW
City-State-Zip: PALM BAY FL 32908

Title OFFICER
Name LANDIS, SCOTT
Address 850 PEREGRINE DR
City-State-Zip: INDIALANTIC FL 32903

Title OFFICER
Name YOUNG, STEVE
Address 3315 WESTLAND RD
City-State-Zip: MELBOURNE FL 32934

Title VP
Name BANEY, ANNE
Address 414 MIAMI AVENUE
City-State-Zip: INDIALANTIC FL 32903

Title OFFICER
Name CERASALE, KARIN
Address 463 PORT ROYAL BLVD
City-State-Zip: SATELLITE BEACH FL 32937

Title OFFICER
Name COMPAGNONI, SHEILA
Address 17 SPINNAKER POINT CT
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title OFFICER
Name MOORE, MELISSA
Address 215 RHARE RD
City-State-Zip: PALM BAY FL 32907

Title OFFICER
Name SCALISE, ELLEN
Address 2315 REEF AVE
City-State-Zip: INDIALANTIC FL 32903

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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: SCOTT V. LANDIS**TREASURER**

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	BERSANI, BARBARA
Address	465 GREENWAY AVE
City-State-Zip:	SATELITE BEACH FL 32937