

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738878

FILED
Jan 20, 2007
Secretary of State

Entity Name: SPACE COAST DARTING ASSOCIATION, INC.

Current Principal Place of Business:

621 BENTON DRIVE
MELBOURNE, FL 32901 US

New Principal Place of Business:

669 LINVILLE FALLS DRIVE
WEST MELBOURNE, FL 32904 US

Current Mailing Address:

621 BENTON DRIVE
MELBOURNE, FL 32901 US

New Mailing Address:

669 LINVILLE FALLS DRIVE
WEST MELBOURNE, FL 32904 US

FEI Number: 59-2870848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOXWORTH, DEBORAH
621 BENTON DRIVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

KITTERMAN, MARIA
669 LINVILLE FALLS DRIVE
WEST MELBOURNE, FL 32904 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: MARIA KITTERMAN

01/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FOXWORTH-ACHGILL, DEBORAH
Address: 621 BENTON
City-St-Zip: MELBOURNE, FL 32901

Title: SCD () Delete
Name: DAVIS, CATHERINE
Address: 2311 GRAND TETON BLVD
City-St-Zip: MELBOURNE, FL 32935 33

Title: D () Delete
Name: THIME, KAREN
Address: 1266 WENDY AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P (X) Delete
Name: ECKER, RONALD
Address: 433 CITRUS ST
City-St-Zip: MELBOURNE, FL 32935

Title: VP (X) Delete
Name: DWYER, TIM
Address: 7086 DYSON AVE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: KITTERMAN, MARIA
Address: 669 LINVILLE DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: S (X) Change () Addition
Name: ENGASSER, MELANIE
Address: 8508 IVANHOE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: P (X) Change () Addition
Name: ECKER, RONALD
Address: 433 CITRUS ST
City-St-Zip: MELBOURNE, FL 32935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA KITTERMAN

T

01/20/2007

Electronic Signature of Signing Officer or Director

Date