

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738878

FILED  
Jan 06, 2008  
Secretary of State

**Entity Name:** SPACE COAST DARTING ASSOCIATION, INC.

**Current Principal Place of Business:**

669 LINVILLE FALLS DRIVE  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

669 LINVILLE FALLS DRIVE  
WEST MELBOURNE, FL 32904 US

**New Mailing Address:**

**FEI Number:** 59-2870848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: BURGESS, ANDREW  
Address: 8000 SUGAR PINE DR.  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: P (X) Change ( ) Addition  
Name: DAVIS, RAY  
Address: 2620 LAKEMONT RD.  
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify 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

01/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date