


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90474 038 ****61.25

DOCUMENT # N02000006174 1. Entity Name SPACE COAST STEEL BOOSTERS, INC.					
Principal Place of Business P.O. BOX 10177 PORT ST. JOHN, FL 32927			Mailing Address P.O. BOX 10177 PORT ST. JOHN, FL 32927		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0420925	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, EDWIN L 665 PINE RIVER PL., APT. 311 OVIEDO, FL 32765				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, EDWIN L		NAME		
STREET ADDRESS	665 PINE RIVER PL., APT. 311		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONROE, ROBERT D		NAME	DP/DT Huggins, Mary	
STREET ADDRESS	6034 CARDIFF AVE		STREET ADDRESS	6945 Pluto Ave.	
CITY-ST-ZIP	PORT ST. JOHN, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LERO, BRICKFORD A		NAME	Pendergrass, Scott	
STREET ADDRESS	5905 RENA AVE.		STREET ADDRESS	7150 Briggs Ave.	
CITY-ST-ZIP	PORT ST. JOHN, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIBEIRO, SANTOS A		NAME		
STREET ADDRESS	6760 CAIRO RD.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOHN, FL 32927		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORN, CHERYL		NAME	DS McGinnis, Arlene	
STREET ADDRESS	6545 ORCHID AVE.		STREET ADDRESS	7220 Camille Rd.	
CITY-ST-ZIP	PORT ST. JOHN, FL 32927		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Arlene McGinnis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>April 26, 2005</i> (321) Daytime Phone #: <i>636-5801</i> Ext 5011		