

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006174

FILED
Apr 30, 2006
Secretary of State

Entity Name: SPACE COAST STEEL BOOSTERS, INC.

Current Principal Place of Business:

P.O. BOX 10177
PORT ST. JOHN, FL 32927

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10177
PORT ST. JOHN, FL 32927

New Mailing Address:

FEI Number: 51-0420925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, EDWIN L
665 PINE RIVER PL., APT. 311
OVIEDO, FL 32765 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: D () Delete
Name: ANDERSON, EDWIN L
Address: 665 PINE RIVER PL., APT. 311
City-St-Zip: OVIEDO, FL 32765

Title: DPDT () Delete
Name: HUGGINS, MARY
Address: 6945 PLUTO AVE
City-St-Zip: COCOA, FL 32927

Title: DV (X) Delete
Name: PENDERSON, SCOTT
Address: 7150 BRIGGS AVE
City-St-Zip: COCOA, FL 32927

Title: DS () Delete
Name: MCGIMIS, ARLENE
Address: 7220 CAMILO RD
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPDT (X) Change () Addition
Name: HUGGINS, MARY C
Address: 6945 PLUTO AVE
City-St-Zip: COCOA, FL 32927

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

Title: DS (X) Change () Addition
Name: MCGINNIS, ARLENE
Address: 7220 CAMILO RD
City-St-Zip: COCOA, FL 32927

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: MARY C. HUGGINS

DPDT

04/30/2006

Electronic Signature of Signing Officer or Director

Date