2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008428

FILED Mar 18, 2009 Secretary of State

Entity Name: SPACE COAST ULTIMATE INC **Current Principal Place of Business: New Principal Place of Business:** 2914 EMORY ST. MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** 2914 EMORY ST. MELBOURNE, FL 32901 FEI Number: 20-1643271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBSON, TRACY 2914 EMORY ST. MELBOURNE, FL 32901 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GIBSON, TRACY Name: Name: Address: 2914 EMORY STREET Address: MELBOURNE, FL 32901 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition TOMPKINS, COLLEEN Name: Name: Address: PO BOX 411164 Address: City-St-Zip: MELBOURNE, FL 32941 City-St-Zip: Title: () Delete Title: () Change () Addition HARRIMAN, MARTI Name: Name: 498 FIRESTONE ST. NE Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT SCHEURER T 03/18/2009

() Delete

SCHEURER, ROBERT

MELBOURNE, FL 32934

3645 DUSTY LANE

Title:

Name:

Address:

City-St-Zip:

() Change () Addition