

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001462

FILED
Feb 21, 2007
Secretary of State

Entity Name: SPACE COAST SOFTBALL ROCK-IT, INC.

Current Principal Place of Business:

1006 MONTICELLO CT.
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1006 MONTICELLO CT.
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 33-1131869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM A ESQ.
21 SUNTREE PLACE
SUITE 100
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

CHINYOY, HOWARD D
1006 MONTICELLO CT
SUITE 100
MELBOURNE, FL 32940 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: HOWARD CHINYOY

02/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: CHINYOY, HOWARD D
Address: 1006 MONTICELLO CT.
City-St-Zip: MELBOURNE, FL 32940

Title: D, T () Delete
Name: CONTESS, SALLY
Address: 1006 CEDABROOK CT.
City-St-Zip: MELBOURNE, FL 32940

Title: D, S (X) Delete
Name: KECK, DAVID
Address: 521 SOUTHERN HILLS CT.
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: CONTESS, CHARLES
Address: 1006 CEDARBROOK CT.
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: PALOMBI, KEN
Address: 321 CARMEL DR.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D, S (X) Change () Addition
Name: PALOMBI, KEN
Address: 321 CARMEL DR.
City-St-Zip: MELBOURNE, FL 32940

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: HOWARD CHINYOY

D. P

02/21/2007

Electronic Signature of Signing Officer or Director

Date