

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001462

FILED  
Apr 29, 2009  
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:

5887 NEWBURY CIRCLE  
MELBOURNE, FL 32940

## Current Mailing Address:

1006 MONTICELLO CT.  
MELBOURNE, FL 32940

## New Mailing Address:

5887 NEWBURY CIRCLE  
MELBOURNE, FL 32940

FEI Number: 33-1131869

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHINOY, HOWARD D  
1006 MONTICELLO CT  
SUITE 100  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

SUGARMAN, NEIL  
5887 NEWBURY CIRCLE  
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: NEIL SUGARMAN

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition  
Name: SUGARMAN, NEIL  
Address: 5887 NEWBURY CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: D, T (X) Change ( ) Addition  
Name: CALLINAN, TOM  
Address: 635 CINNAMON COURT  
City-St-Zip: SATELLITE BEACH, FL, FL 32937

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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.

SIGNATURE: NEIL SUGARMAN

D, T

04/29/2009

Electronic Signature of Signing Officer or Director

Date