2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # N11613 1. Entity Name 02-02-2005 90060 008 ****70.00 NAMI SPACE COAST, INC. Principal Place of Business Mailing Address 1770 CEDAR ST 1770 CEDAR ST 50009742 ROCKLEDGE FL 32955 US **ROCKLEDGE FL 32955** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2690533 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHILDROTH, FREDA Street Address (P.O. Box Number is Not Acceptable) 1955 PORPOISE STREET MERRITT ISLAND FL 32952 City 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 (NOTE: Registered Agent signature required when reinstating) Majarik der Kingsise FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete SCHILDROTH, FREDA NAME NAME 1955 PORPOISE STREET STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CHY-ST-7IP Treasurer TITLE Delete TITLE ☐ Change Addition LOOMIS, TIM NAME NAME 4155 SAVANNAHS TR STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-7IP Delete TITI F VICE Change STOKES, PHIL Lin da NAME NAME 881 Wandering Pine Trail 360 TUSCANY WAY #204 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940-8195 CITY-ST-ZIP CITY-ST-ZIP 2VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition O' LEAR, GEORGE NAME NAME 4104 LAS CRUCES STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP CITY-ST-7iP TITLE Delete TITLE Addition NAME NAME Road STREET ADDRESS STREET ADDRESS 235. CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

FILED