## ·2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # N11613 02-07-2006 90025 010 \*\*\*\*70.00 1. Entity Name NAMI SPACE COAST, INC. Principal Place of Business Mailing Address 1770 CEDAR ST ROCKLEDGE FL 32955 1770 CEDAR ST **ROCKLEDGE FL 32955** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 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 Name SCHILDROTH, FREDA Street Address (P.O. Box Number is Not Acceptable) 1955 PORPOISE STREET MERRITT ISLAND FL 32952 City Zip Code 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 : Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Addition REEVES, LINDA PINE TRAIL 881 WANDERING PINE TRAIL SCHILDROTH, FREDA NAME NAME AS PD 1955 PORPOISE STREET STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 ROCKLEAGE, FL 32955 CITY-ST-ZIP CITY-ST-ZIP Deleta TITLE TITLE Change Change ☐ Addition ENGRAVIDO, THERESA 1337C CHENEY HWY STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-71P CITY-ST-7IP X titte Delete TITLE HILDROTH, FREDA Change 953 PORPOSE STREET REEVES, LINDA NAME NAME STREET ADDRESS 881 WANDERING PINE TRAIL STREET ADDRESS 13T UP 3293 ROCKLEDGE FL 32955 City-St-ZIP ERRITT ISLAND, FL CITY-ST-ZIP ☐ Addition Delete NAME O' LEAR, GEORGE NAME STREET ADDRESS 4104 LAS CRUCES STREET ADDRESS ROCKLEDGE FL 32955 CITY-ST-ZIP CITY-ST-7IP Delete Change TITLE TITLE Addition SMITH, PATTI NAME NAME 235 E. CRISAFULLI ROAD STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment/with an address, with an address.

FILED

Feb 07, 2006 8:00 am