

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11613

FILED
Apr 04, 2009
Secretary of State

Entity Name: NAMI SPACE COAST, INC.

Current Principal Place of Business:

1770 CEDAR ST
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

1770 CEDAR ST
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-2690533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILDROTH, FREDA
1955 PORPOISE STREET
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: PREVITI, MARY L
Address: 1568 SUNGLAZER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD () Delete
Name: REEVES, LINDA
Address: 881 WANDERING PINE TRAIL
City-St-Zip: ROCKLEDGE, FL 32955

Title: 2VD () Delete
Name: AUDELO, ELLEN
Address: 586 N WICKHAM RD #57
City-St-Zip: MELBOURNE, FL 32935

Title: S () Delete
Name: SMITH, PATTI
Address: 235 E. CRISAFULLI ROAD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: 1VP () Delete
Name: SHILDROTH, FREDA
Address: 1955 PORPOSE STREET
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: PREVITI, MARY L
Address: 1568 SUN GAZER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: 2V (X) Change () Addition
Name: AUDELO, ELLEN
Address: 586 N WICKHAM RD #57
City-St-Zip: MELBOURNE, FL 32935

Title: SD (X) Change () Addition
Name: SMITH, PATTI
Address: 235 E. CRISAFULLI ROAD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: 1VD (X) Change () Addition
Name: SHILDROTH, FREDA
Address: 1955 PORPOSE STREET
City-St-Zip: MERRITT ISLAND, FL 32952

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: MARY L PREVITI

T

04/04/2009

Electronic Signature of Signing Officer or Director

Date