## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14795

FILED Aug 24, 2009 Secretary of State

Entity Nai	me: SPACE COAST POPS, INC.			
Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
2150 LAKE COCOA, F				
Current Mailing Address:		New Mailing Ado	New Mailing Address:	
P.O. BOX COCOA, F				
In accordan	: 59-2678234 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did n I Address of Current Registered Agent:	•	) Certificate of Status Desired ( )	
WALKER, 28 MITCHI COCOA, F	VERA W ELL ST. E.			
	named entity submits this statement for the e of Florida.	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD ( ) Delete CHRIST, O.J.W. 2150 LAKE DR. COCOA, FL 32926	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( ) Delete MLODZIANOWSKI, RUTH 2515 HERITAGE DRIVE TITUSVILLE, FL 32780	Address: 2515 h	(X) Change()Addition ZIANOWSKI, RUTH HERITAGE DRIVE VILLE, FL 32780	
Title: Name: Address: City-St-Zip:	T () Delete BROOKS, CHARLES 3260 MARSHFIELD PRESERVE WAY KISSIMMEE, FL 34746	Address: 130 W	(X) Change()Addition .ES, DONALD 'OODSMAN MARK DRIVE A, FL 32926	
Title: Name: Address: City-St-Zip:	V () Delete PARRISH, HENRY U 29 RIVERSIDE DR #303 COCOA, FL 32922	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	P ( ) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: O.J.W.CHRIST VD 08/24/2009

MASTERS, NOLAN

3935 ST ARMENS CIRCLE

MELBOURNE, FL 32934

Name:

Address:

City-St-Zip: