

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001179

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: ALLIANCE OF THE SPACE COAST, INC.

**Current Principal Place of Business:**

3117 EDGEWATER DR.  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 536832  
ORLANDO, FL 32853 US

**New Mailing Address:**

FEI Number: 59-3178045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARES, TOMAS J JR  
3117 EDGEWATER DR.  
ORLANDO, FL 32804 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: P  
Name: LARES, TOMAS J  
Address: 3117 EDGEWATER DR.  
City-St-Zip: ORLANDO, FL 32804 US

Title: O  
Name: MALONE, BART  
Address: 304 EAST GREENTREE LANE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: O  
Name: LIU, KIMBER  
Address: 4400 SOUTH ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32806 US

Title: O  
Name: FRANCO, WILL  
Address: 4250 ALAFAYA TRAIL SUITE 212-376  
City-St-Zip: OVEIDO, FL 32765 US

Title: O  
Name: PAUL, DAVID  
Address: 3117 EDGEWATER DR.  
City-St-Zip: ORLANDO, FL 32804 US

Title: O  
Name: KINNETT, JACK  
Address: 3145 HEATHGATE COURT  
City-St-Zip: ORLANDO, FL 32812 US

I hereby 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 all other like empowered.

SIGNATURE: TOMAS J. LARES JR.

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date