

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90005 014 \*\*\*\*61.25

<b>DOCUMENT # N95000001871</b>						
<b>1. Entity Name</b> FLORIDA SPACE COAST BOWLING ASSOCIATION, INC.						
<b>Principal Place of Business</b> 311 SCHOOL RD. INDIAN HBR BCH, FL 32937 US			<b>Mailing Address</b> 311 SCHOOL RD. INDIAN HBR BCH, FL 32937 US			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		01082004 Chg-NP CR2E037 (10/03)		
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3325734		
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  HOPEWELL, FRAN 311 SCHOOL RD. INDIAN HARBOUR BCH, FL 32937			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)						
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> VP	<b>NAME</b> MICHAND, MITCH		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1735 SANDY COURT	<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> VP	<b>NAME</b> RITTER, CARL H		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 75M ALHAMBRA DR.	<b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> PD	<b>NAME</b> STOUT, MARK G		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6349 HUDSON RD	<b>CITY-ST-ZIP</b> COCOA, FL 32927			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> VD	<b>NAME</b> REYNOSO, BUNCY		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1253 WHITE OAK CIRCLE	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32934			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> EVD	<b>NAME</b> RODRIQUEZ, HARRY		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 885 IXORA DR.	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32935			<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>TITLE</b> EDTS	<b>NAME</b> HOPEWELL, FRAN		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 311 SCHOOL RD	<b>CITY-ST-ZIP</b> SATELLITE BEACH, FL 32937			<b>NAME</b> 	<b>STREET ADDRESS</b> Indian Harbour Beach, FL 32937	
<b>12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.</b>						
<b>SIGNATURE:</b> <i>Fran Hopewell</i> Fran Hopewell				1-12-04 321-777-8484		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		