


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90035 003 \*\*\*\*61.25

<b>DOCUMENT # N95000001871</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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HOPEWELL, FRAN</b> <b>311 SCHOOL RD.</b> <b>INDIAN HARBOUR BCH, FL 32937</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAND, MITCH		NAME	Angelo Cianfranco	
STREET ADDRESS	1735 SANDY COURT		STREET ADDRESS	6775 Calusa Avenue	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	EVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, CARL H		NAME		
STREET ADDRESS	75M ALHAMBRA DR.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOUT, MARK G		NAME	Francis Shirk, Jr.	
STREET ADDRESS	6349 HUDSON RD		STREET ADDRESS	2765 Eau Gallie Boulevard	
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOSO, BUNCY		NAME		
STREET ADDRESS	1253 WHITE OAK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	EVD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, HARRY		NAME		
STREET ADDRESS	885 IXORA DR.		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	EDTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPEWELL, FRAN		NAME		
STREET ADDRESS	311 SCHOOL RD		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937		CITY-ST-ZIP		
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>SIGNATURE: Fran Hopewell</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-14-05</b> <small>Date</small>		<b>321-777-8484</b> <small>Daytime Phone #</small>

50015848



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3325734**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FL**