


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90037 041 ****61.25

DOCUMENT # N95000001871	
1. Entity Name FLORIDA SPACE COAST USBC BA, INC.	

Principal Place of Business 311 SCHOOL RD. INDIAN HBR BCH, FL 32937 US	Mailing Address 311 SCHOOL RD. INDIAN HBR BCH, FL 32937 US
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00000734



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03172008 Chg-NP CR2E037 (12/06)

4. FEI Number 11-3767061	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOPEWELL, FRAN 311 SCHOOL RD. INDIAN HARBOUR BCH, FL 32937		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOPEWELL, ROBERT			NAME			
STREET ADDRESS	311 SCHOOL ROAD			STREET ADDRESS			
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIRK, FRANCIS JR			NAME			
STREET ADDRESS	2765 EAU GALIC BLVD			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32935			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input 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	MTS	<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			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CIANFROCCO, ANGELO			NAME			
STREET ADDRESS	6775 CALUSA AVE			STREET ADDRESS			
CITY-ST-ZIP	COCOA, FL 32927			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Fran Hopewell Fran Hopewell 3-18-08 321-777-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #