FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N96000000754 (9) DOCUMENT #

CRACE COACT BACKETRALL INC

SPACE COAST BASKETBALL, INC.								
Principal Place of Business		Mailing Address			A 100 Hill are 18116 Bibli area and	48111 B4111 E8111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6320 PONY CIRCLE COCOA FL 32926		6320 PONY CIRCLE COCOA FL 32926-2609						
					3. Date Incorporated or Qualified 02/08/1996	3a. Date	of Last Report REPORT	
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26				Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\mathbf{Z}	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be		
23		28		Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	Countr	y	8. This corporation has liability for	intangible tax		
24	25	29	30		Florida Statutes] Yes 🔀 I	40	
	9. Name and Address of Cur	rent Registered Agent		T-:.	10. Name and Address of New Re	gistered Ag	ent	
			81	Name				
	MAN, DAVID N		82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
1970 MICHIGAN AVE., BLDG. C COCOA FL 32922			83					
COCOA	FL 32922		0.	1				
			64	City		FL	35 Zip Code	
11. Pursuant	to the provisions of Sections 617.0	0502 and 617,1508, Florida Statu	ites, the abov	o-named co	rporation submits this statement for the r		anging its registered	
office or r	egistered agent, or both, in the St	nte of Florida, Such change was	authorized b	y the corpore	rporation submits this statement for the pation's board of directors. I hereby acce	ot the appoin	tment as registered	
	m familiar with, and accept the ob	ligations of, Section 617.0503, F	iorida Statute	S.				
SIGNATURE	Signature types or printed name of registered	agent and title if applicable (NC	TE: Registered Ac	ent signature regi	uired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND D	RECTORS IN 12	
TITLE	D	DELETE	11 THEF				Change Addition	
NAME	EDMONDS, MICHAEL		1.2 NAME					
STREET ADDRESS	6320 PONY CIRCLE	· ·		T ADDRESS				
CITY-ST-ZIP	COCOA FL 32926		1.4 C(TY-	S1-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Ľ	Change Addition	
NAME	ROWE, JAMES W JR.		2.2 NAME					
STREET ADORESS	2100 LANCE BLVD.		2 3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CiTY	ST-ZIP				
TITLE	D OTECLE ROWLD	☐ DELETE	3.1 TITLE			h	Change Addition	
NAME	STEELE, KEVIN B		3.2 NAME					
STREET ADDRESS	696 MILLWHEEL DR. MERRITT ISLAND FL 32953	1		T ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	3.4. CITY -	SI-ZIP			Change Addition	
	_	(F) bittie				_	Change [1] Addition	
NAME expect aboptes	MURRAY, EMERSON 1343 HERITAGE ACRES BI	ועה	4. 2 NAME					
STREET ADDRESS	ROCKLEDGE FL 32955	LTU.		T ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	5.1 THLE	31-61F			Change Addition	
NAME	PIERCE, L.		52 NAME			_		
STREET ADDRESS	6555 FULLER AVE			I ADDRESS				
CITY-ST-ZIP	BODY OF JOINING ASSOC		5.4 CHY-					
TITLE	D	DELETE	6.1 TITLE	31.511		- -	Change Addition	
NAME	BRODNAN, JOHN		6.2 NAME				<u> </u>	
STREET ADDRESS	1531 N. INDIAN RIVER DR.			1 ADDRESS			i	
STREET PROPERTY	00001 51 0000	•	3.00.11				'	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on agratachment with an address.

Jan 30 1997 8:00am

Secretary of State