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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600001550

1. Corporation Name

SPACE COAST P.B.A., INC.

Principal Place of Business
2960 MICHIGAN ST
2960 MICHIGAN ST MELBOURNE FL 32904
110

Mailing Address

FILED Apr 30, 1999 8:00 am § Secretary of State

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2960 MICHIGAI MELBOURNE F US		2960 MICHIGAN ST MELBOURNE FL 32904 US							
					•				
Principal Place of Business 2a. Mailing Address 26				·	3. Date Incorporated or Qualifed 03/19/1996		<u></u>		
Suite, Apt.	#, etc:	Suite, Apt. #, etc.			4. FEI Number	· · ·	<u> </u>	olied For	
22	*	27			65-0656066			Applicable	
City & Stat	e	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Red		
23 Zip					6. Election Campaign Financing		\$5.00		
24	25 29 30		ountry		Trust Fund Contribution Added to Fees				
	9. Name and Address of Current				10. Name and Address of New F	Registered A	Agent		
			81	Name					
ARLEO, RANDY J				Street Ad	Address (P.O. Box Number is Not Acceptable)				
2960 MICHIGAN STREET MELBOURNE FL 32904			83				<u> </u>		
MELBOUR	INE FL 32904						85 Zip C	ode.	
}			84	City	•	FL	+ '		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Agen	t signature requ	aired when reinstating)	DATE	<u>`</u>		
12.	OFFICERS AND	DIRECTORS 1	3.		ADDITIONS/CHANGES TO OF	FICERS AN			
TIRLE	P	_	TITLE		D CARV A		Change	Addition	
NAME	ARLEO, RANDY J		NAME	1	WOOD, WART AT SHEET	/ * * * * * * * * * * * * * * * * * * *	:		
STREET ADDRESS	2960 MICHIGAN ST			ADDRESS	1000, GARY A. 1960 Michigan Stlee MEL BOURM, Florica	370	n 4	1	
CITY-ST-ZIP	MELBOURNE FL 32904		CITY-S	I-ZIP	MEL BOURNE, PLOTION	30.70	Change	☐ Addition	
TITLE NAME	LADERWARG, MARK	_	NAME				_ ,		
STREET ADDRESS	2960 MICHIGAN ST			ADDRESS					
CITY-ST-ZIP	MELBOURNE FL 32904		4 CITY-S		·	٠ . • • • • • • • • • • • • • • • • • •		د بند	
TITLE	T	DELETE 3.	TITLE				☐ Change	Addition	
NAME	FRAZIER, JAMES H		NAME						
STREET ADDRESS	2960 MICHIGAN ST	i i		ADDRESS			: ,	-	
CITY-ST-ZIP	MELBOURNE FL 32904		, CITY-S	T-ZIP			☐ Change	Addition	
TITLE	D DENINA CARV	"	1 TITLE 2 NAME	1			ري د		
NAME STREET ADDRESS	PENNA, GARY 2960 MICHIGAN ST		_	ADDRESS				}	
STREET ADDRESS CITY-ST-ZIP	MELBOURNE FL 32904		CITY-S		· · · · ·				
TITLE	S		TITLE		5	-	Change	Addition	
NAME	CASEY, MIKE		NAME		VAUGHTON, PAT	+		,	
STREET ADDRESS	2960 MICHIGAN ST	1		ADDRESS	NAUGHTON, PAT J. 2960 Michigan Stead MELBOURN, FLORIDA				
CITY-ST-ZIP	MELBOURNE FL 32904		4 CITY-S	T-ZIP	MELBOURN, PLORIDA	3240	Chann	Addition	
TITLE	D		1 TITLE	•	. ·		Change	L. AUGILLON)	
NAME	KUWIK, ROBERT F		2 NAME	ADDRESS					
STREET ADDRESS	2960 MICHIGAN ST	6.3	SOURCE	ADDRESS				Ĭ.	

CITY-ST-ZIP 14. 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 annual report or suppliemental 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

MELBOURNE FL 32904