

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 20 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005463 (2)

1. Corporation Name
SPACE COAST CREW BOOSTERS, INCORPORATED



Principal Place of Business
P.O. BOX 372252
SATELLITE BEACH FL 32937-0252

Mailing Address
P.O. BOX 372252
SATELLITE BEACH FL 32937-0252

3. Date Incorporated or Qualified **10/21/1996** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3400552		Not Applicable	
22		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERBST, JOHN E 772 LAKE DRIVE MELBOURNE FL 32940				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

9. Name and Address of Current Registered Agent
**HERBST, JOHN E
772 LAKE DRIVE
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/O
NAME	HERBSG, JOHN E	1.2 NAME	Herbst, John E.
STREET ADDRESS	772 LAKE DRIVE	1.3 STREET ADDRESS	772 Lake Drive
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	V	2.1 TITLE	V/O
NAME	BOCKSG, DAVID	2.2 NAME	BOCK, David
STREET ADDRESS	140 SAND DOLLAR DR	2.3 STREET ADDRESS	140 Sand Dollar Rd.
CITY-ST-ZIP	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP	IndianTic, FL 32903
TITLE	S	3.1 TITLE	S/O
NAME	HERR, ILENE	3.2 NAME	Herr, Ilene
STREET ADDRESS	417 NIKOMAS WAY	3.3 STREET ADDRESS	417 Nikomas Way
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	3.4 CITY-ST-ZIP	Melbourne Beach, FL 32951
TITLE	S	4.1 TITLE	
NAME	HERR, ILENE	4.2 NAME	
STREET ADDRESS	417 NIKOMAS WAY	4.3 STREET ADDRESS	100002221111-3
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	4.4 CITY-ST-ZIP	-06/24/97--01033--014
TITLE	T	5.1 TITLE	T/O
NAME	NICHOLAS, KIM	5.2 NAME	Nicholas, Kim
STREET ADDRESS	525 ISLAND COURT	5.3 STREET ADDRESS	525 Island Court
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	5.4 CITY-ST-ZIP	Indian Harbor Beach, FL 32937
TITLE	S	6.1 TITLE	S/O
NAME	MARCHAND, ALITA	6.2 NAME	Trudie Marzig
STREET ADDRESS	1909 WALLACE AVE	6.3 STREET ADDRESS	948 Wildwood Dr.
CITY-ST-ZIP	MELBOURNE FL 32935	6.4 CITY-ST-ZIP	Melbourne, FL 32940

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 an attachment with an address.

CR2E037 (9/96)