

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/21/1996		
4. FEI Number 59-3400552	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 **ILENE HERR**
 82 Street Address (P.O. Box Number is Not Acceptable)
135 OCEAN VIEW LANE
 83
 84 City **INDIALANTIC** **FL** 85 Zip Code **32903**

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 *Ilene Herr* **ILENE HERR** *S/D*
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERBSG, JOHN E 772 LAKE DRIVE MELBOURNE FL 32940 <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOCK, DAVID 140 SAND DOLLAR DR INDIALANTIC FL 32903 <input type="checkbox"/> DELETE	2.1 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERR, ILENE 417 NIKOMAS WAY MELBOURNE BEACH FL 32951 <input type="checkbox"/> DELETE	3.1 TITLE S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME HERR, ILENE 3.3 STREET ADDRESS 135 OCEAN VIEW LANE 3.4 CITY-ST-ZIP INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLAS, KIM 525 ISLAND COURT INDIAN HARBOR BEACH FL 32937 <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARZIG, TRUDIE 948 WILDWOOD DR. MELBOURNE FL 32940 <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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.

SIGNATURE: *Sandra B. Northam* **ILENE HERR** *4/24/98* *407 779-7855*

CR2E037 (10/97)