

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005463

FILED
Apr 23, 2005
Secretary of State

Entity Name: SPACE COAST CREW BOOSTERS, INCORPORATED

Current Principal Place of Business:

P.O. BOX 372252
SATELLITE BEACH, FL 329370252

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372252
SATELLITE BEACH, FL 329370252

New Mailing Address:

FEI Number: 59-3400552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISCHBECK, JOHN
929 FOSTORIA DR.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISCHBECK, JOHN
Address: 929 FOSTORIA DR.
City-St-Zip: MELBOURNE, FL 32935

Title: VPD () Delete
Name: PARKS, BOB
Address: 109 SE 4TH ST.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: RSD () Delete
Name: DAVEY, VIVIENNE
Address: 7786 MANGO GROVE AVE.
City-St-Zip: MELBOURNE, FL 32904

Title: CSD () Delete
Name: WEINBERG, ANN
Address: 3174 VILLA ESPANA TR.
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: MYRA, LAROCHE
Address: 504 CARRIAGE RD.
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: FISHE, TIM
Address: 2728 WOODSMILL DRIVE
City-St-Zip: MELBOURNE, FL 32937

Title: RSD (X) Change () Addition
Name: CLAUS, SUSAN
Address: 752 BAYSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: CSD (X) Change () Addition
Name: ADDISON, MICHELLE
Address: 4305 LIGUSTRUM DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: TD (X) Change () Addition
Name: MAHL, SANDRA
Address: 635 N ROBERT WAY
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA MAHL

TD

04/23/2005

Electronic Signature of Signing Officer or Director

_____ Date