

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91483 030 ****61.25

DOCUMENT # N96000005463

1. Entity Name
SPACE COAST CREW BOOSTERS, INCORPORATED



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

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-3400552** Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TOPP, ARTHUR C
3365 KENT DRIVE
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name **Larry Rehwoldt**
Street Address (P.O. Box Number is Not Acceptable)
670 Grant Court
City **Satellite Beach** FL Zip Code **32937**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4-9-03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOPP, ARTHUR C	
STREET ADDRESS	3365 KENT DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REHWOLDT, LARRY D	
STREET ADDRESS	670 GRANT CT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	TOPP, GAYLE J	
STREET ADDRESS	3365 KENT DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	GREGOR, LOUISE	
STREET ADDRESS	3355 FT SUMTER ST	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOULD, DETRA	
STREET ADDRESS	127 OCEAN BV	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Rehwoldt	
STREET ADDRESS	670 Grant Court	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Johnson	
STREET ADDRESS	4157 Mockingbird Dr.	
CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	Corresponding Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Gillikin	
STREET ADDRESS	1175 Faulkingham Rd.	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myra LaRoche	
STREET ADDRESS	504 Carriage Rd.	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*

DATE **4-9-03**

CR2E037 (10/02)