## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

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1. Corpora	CECOAST FREEWHEELERS	(-)			1 1 <b>36</b> 111 1 <b>0818</b> 1014 <b>8</b> 14148 16148 1	HYY BAN OYOU BYON ANDN ANDN ONDU DYON DOD	
Principal Place of Business		Mailing Address					
166 N ATLANTIC AVE COCOA BCH FL 32931		P O BOX 320622 COCOA BEAHC FL 32932-0622 US					
					<ol> <li>Date Incorporated or Qualified 06/08/1977</li> </ol>		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	06/28/1995	
21		26			NOT APPLICABLE	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State		City & State		F Floation Coronaina Financia	Fee Required		
23		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip	Country	Zip	Zip Country		8. This corporation has liability fo		
24	25 29 30		30		Florida Statutes 🔲 Yes 📈 No		
Name and Address of Current Registered Agent     81					10. Name and Address of New Registered Agent		
HAYES, IRVIN R.				Name	•		
	), invily n. . Atlantic ave.		62	Street	Address (P.O. Box Number is Not Accepta	ible)	
	A BEACH FL		83				
	, octon re						
			84	City		FL 85 Zip Code	
familiar	with, and accept the obligations of, Se	02 and 617.1508, Florida Statut orida. Such change was authoriz oction 617.0503, Florida Statutes	es, the above- ed by the corp	named o oration's	corporation submits this statement for the puss board of directors. I hereby accept the app		
SIGNATURE	Signature, typed or printed name of registered ag-	and and the if our firms					
12.		ND DIRECTORS	13.	1 signature	required which reinstating):  ADIDITIONS (CHANCES TO OF	FIGERS AND DIRECTORS IN 12	
TITLE	TD	DELETE	1.1 TIFLE		TD	Change Addition	
NAME	ELLET, MERLE D		1.2 NAME		JOHN K. GRAY	And a make The Madellan	
STREET ADDRESS	······		1.3 STREET	ADDRESS	PO BOX 320 181		
CITY - ST - ZIP	CAPE CANAVERAL FL				COCOR BESCH, FL 32	932	
TITLE	VD	DELETE	21 TIFLE		VD	☐ Change	
NAME	BLOCK, KATHY		2.2 NAME		JeffREY L. GURTI	ZEN	
STREET ADDRESS	1750 HIGHLAND AVE MELBOURNE FL		23 STREET ADDRESS 5		Sizi JAMAICA D	ZD _	
CITY-ST-ZIP	PD MECDOURNE FL	F-100, 540		ST-ZIP	Jeffrey L. GURTI 5121 JAMAICA D PT. ST. VOHN, F	2 32927	
NAME	STALLINGS, DOROTHY	[]pririt	3.1 TITUE 3.2 NAME		1	Change Addition	
STREET ADDRESS			33 STREET	2238NA			
CITY-ST-ZIP	COCOA BE4ACH FL		3 4. CiTY - S		]		
THILE	D	<b>∑</b> OELETE	4.1 TrTLE		D	☐ Change 🔀 Addition	
NAME	ANDERSON, DOROTHY	,	4. 2 NAME		B JAMES D. POLL	un #	
STREET ADDRESS	J 10 01 11 01		4.3 STREET	address	5650 N. BARRAR	PURP #Z	
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY - S	r-ZIP	COCOA BEACH, FL	32931	
TITLE NAME	D MATRATZO DAN	DELETE	5 1 TITLE		D JAMES D. ROLAN 5650 N. BADANA COCOA BERCH, FO	☐ Change 🔀 Addition	
STREET ADDRESS	MATRAZZO, DAN P O BOX 3204 NA		52 NAME		MYRA EdMISTON		
CITY-ST-ZIP	TITUSVILLE FL		5.3 STREET ADDRESS		MERRITI ISLAND,	RIL T	
TITLE	SD SD	DELETE	5 4 CITY - ST	- ZIP	MERRITI (SLAND,	7L 32952	
NAMÉ	RASMUSSEN, L;ARRY		6 2 NAME			☐ Change ☐ Addition	
STREET ADDRESS	OZOO DAY OT		63 STREET	ADDRESS			
CITY-ST-ZIP	CAPE CANAVERAL FI		SACITY ST	710			
14. I do nere	by certify that the information supplied	with this filing is voluntarily furni	shed and does	not qua	I alify for the exemption stated in Section 119.	07(3)/k) Florida Statutos 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: JOHN & CRAY 3/12/96 407 784 4686
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR 3/12/96 Daystime Priore 4