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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 739290 (5)
1. Corporation Name
SPACECOAST FREEWHEELERS BICYCLE CLUB, INC.



Principal Place of Business: 166 N ATLANTIC AVE, COCOA BCH FL 32931
Mailing Address: P O BOX 320622, COCOA BEACH FL 32932-0622, US

3. Date Incorporated or Qualified: 06/08/1977
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HAYES, IRVIN R.
166 N. ATLANTIC AVE.
COCOA BEACH FL

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	(D) MARY SULLIVAN
NAME	GRAY, JOHN K	1.2 NAME	270 EAST LAUREN
STREET ADDRESS	BOX 320181	1.3 STREET ADDRESS	MERRITT ISLAND, FL
CITY - ST - ZIP	COCOA BCH FL	1.4 CITY - ST - ZIP	32952
TITLE	VD	2.1 TITLE	PRES.
NAME	GURITZEN, JEFFREY	2.2 NAME	JEFFREY GURITZEN
STREET ADDRESS	5121 JAMAICA RD	2.3 STREET ADDRESS	5121 JAMAICA RD
CITY - ST - ZIP	PT ST JOHN FL	2.4 CITY - ST - ZIP	PT. ST. JOHN, FL
TITLE	PD	3.1 TITLE	VD
NAME	STALLINGS, DOROTHY	3.2 NAME	DOROTHY STALLINGS
STREET ADDRESS	959 TRINIDAD RD	3.3 STREET ADDRESS	859 TRINIDAD RD.
CITY - ST - ZIP	COCOA BEACH FL	3.4 CITY - ST - ZIP	COCOA BEACH, FL 32931
TITLE	D	4.1 TITLE	D
NAME	ROLAND, JAMES D	4.2 NAME	RON ROWTON
STREET ADDRESS	5650 N BANANA RIVER#2	4.3 STREET ADDRESS	7220 SUPER RD
CITY - ST - ZIP	COCOA BEACH FL	4.4 CITY - ST - ZIP	COCOA, FL
TITLE	D	5.1 TITLE	
NAME	EDMISTON, MYRA	5.2 NAME	
STREET ADDRESS	1670 SHELTER TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	SD
NAME	RASMUSSEN, LARRY	6.2 NAME	JOHN K GRAY
STREET ADDRESS	8703 BAY CT	6.3 STREET ADDRESS	P O BOX 320181 (N/A)
CITY - ST - ZIP	CAPE CANAVERAL FL	6.4 CITY - ST - ZIP	COCOA BEACH, FL 32932

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Change	<input checked="" type="checkbox"/> Addition
Change	<input type="checkbox"/> Addition
Change	<input type="checkbox"/> Addition
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Change	<input type="checkbox"/> Addition
Change	<input checked="" type="checkbox"/> Addition

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.

SIGNATURE: *John K. Gray* JOHN K. GRAY 1/14/96. 407 1784-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019390

CR2E037 (9/96)