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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🕠

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name 739290

(5)

SPACECOAST	FREEWHEELERS	BICYCLE CLUB.	. INC.

Mailing Address

FILED Mar 27 1997 8:00am Secretary of State



166 N ATLANT COCOA BCH I		P O BOX 320622 COCOA BEAHC FL 3283 US	32-0622	Date Incorporated or Qualified	3a. Date of Last Repor	
				06/08/1977	03/15/1996	
		2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applie	
1	# A1	26	***************************************	NOT APPLICABLE		plicabl
Suite, Apt.	# etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit	
City & Stat	lo	City & State		6. Election Campaign Financing	\$5.00 May	y Be
3		28		Trust Fund Contribution	Added to Fe	
Z₁p ⊒1	Country	Zip	Country	8. This corporation has liability for in		9.032,
4	25 9. Name and Address of Curre	29 ant Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No	
			81 Name			
HAYES.	, JRVIN R.		82 Street	Address (D.O. Bossells March &	1-1	
	ATLANTIC AVE.		62 Sireet	Address (P.O. Box Number is Not Acceptab	ne)	
	A'BEACH FL		B3	***************************************		
•	•		84 City		B5 Zip Code	e
					FL	
office or r	registered agent, or both, in the Stat	e of Florida. Such change was	s authorized by the corr	corporation submits this statement for the p poration's board of directors. I hereby accept	urpose of changing its reg at the appointment as regi	gisteri isterer
agent La	am familiar with, and accept the oblig	gations of, Section 617.0503, I	Florida Statutes.	politically pould of all bolicitors (Holioby account	the appointment as regi	
IGNATURE						
	Signature, typed or printed name of registered as	·	OTE Registered Agent signature		DATE PERS AND DIRECTORS IN	112
2.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN	
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14. Too 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96,784-46