

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739290 (5)**

1. Corporation Name  
**SPACECOAST FREEWHEELERS BICYCLE CLUB, INC.**



Principal Place of Business <b>166 N ATLANTIC AVE COCOA BCH FL 32931</b>	Mailing Address <b>P O BOX 320622 COCOA BEACH FL 32932-0622 US</b>
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3. Date Incorporated or Qualified <b>06/08/1977</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 **Mary Sullivan**  
 82 Street Address (P.O. Box Number is Not Acceptable) **270 E. Lauren Court**  
 83   
 84 City **Merritt Island** FL 85 Zip Code **32952**

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 Mary Sullivan Treasurer DATE 4-29-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SULLIVAN, MARY</b>	1.2 NAME	
STREET ADDRESS	<b>270 EAST LAUREN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GURITZEN, JEFFREY</b>	2.2 NAME	
STREET ADDRESS	<b>5121 JAMAICA RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT ST JOHN FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALLINGS, DOROTHY</b>	3.2 NAME	
STREET ADDRESS	<b>859 TRINIDAD RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWTON, RON</b>	4.2 NAME	
STREET ADDRESS	<b>7220 JUPER RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMISTON, MYRA</b>	5.2 NAME	
STREET ADDRESS	<b>1870 SHELTER TRAIL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, JOHN K</b>	6.2 NAME	
STREET ADDRESS	<b>P O BOX 320181 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	6.4 CITY-ST-ZIP	

14. 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 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: Mary Sullivan Mary Sullivan DATE 4-29-98 453-2353

CR2E037 (10/97)