

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

**DOCUMENT # N15116 (9)**

1995 AUG -3 AM 9:18

**1. Corporation Name**  
SPACE COAST REGION OF THE PORSCHE CLUB OF AMERICA, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** 1437 SILVA ST SE  
PALM BAY FL 32909

**Mailing Address** 1437 SILVA ST SE  
PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/27/1986	06/28/1994
4. FEI Number	Applied For / Not Applicable
59-2683714	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<b>FILING FEE IS \$61.25</b>
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" 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	30

**9. Name and Address of Current Registered Agent**

RANDOLPH J. WELLS  
1437 SILVA ST SE  
PALM BAY FL 32907

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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**

TITLE	PD
NAME	GOLDEN, RONALD A.
STREET ADDRESS	1526 HENDREN STREET
CITY - ST - ZIP	MELBOURNE FL
TITLE	VD
NAME	EVANS, VICKY
STREET ADDRESS	698 JAMESTOWN DRIVE
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	TD
NAME	WINKELMAN, ARNOLD
STREET ADDRESS	116 CAT CAY LANE
CITY - ST - ZIP	INDIAN HARBOUR BCH
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Stephens, John L.	
13 STREET ADDRESS	459 Guava Ave.	
14 CITY - ST - ZIP	Titusville, FL 32796	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Rutherford, Steven W.	
23 STREET ADDRESS	555 Orange Grove Ave.	
24 CITY - ST - ZIP	West Melbourne, FL 32904	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Wells, Randolph J.	
33 STREET ADDRESS	1437 Silva St SE	
34 CITY - ST - ZIP	Palm Bay, FL 32909	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:** Randolph J. Wells Randolph J. Wells July 25, 1995 (407) 724-2059  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Time

CR2E037 (3/95)