

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N15116 (9)
1. Corporation Name
SPACE COAST REGION OF THE PORSCHE CLUB OF AMERICA, INC.



Principal Place of Business Mailing Address
1437 SILVA ST SE PALM BAY FL 32909 1437 SILVA ST SE PALM BAY FL 32809-6489

3. Date Incorporated or Qualified 05/27/1986
3a. Date of Last Report 05/01/1996

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

4. FEI Number 59-2683714 Applied For 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
RANDOLPH J. WELLS
1437 SILVA ST SE
PALM BAY FL 32937

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 | PD DAGLEY, STEPHEN H. 732 EBONY ST. MELBOURNE FL | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD Rower, John 732 Ebony St. Melbourne, FL 32935 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VD RUTHERFORD, STEVEN V 555 ORANGE GROVE AVE W MELBOURNE FL | <input checked="" type="checkbox"/> DELETE | 1.2 NAME | VD Stowers, Kirk E. 6134 Anchor Lane Cocoa, FL 32955 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | TD WELLS, RANDOLPH J 1437 SILVA ST SE PALM BAY FL | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 2.1 TITLE | SO Johnston, Phyllis 134 Martesia Way Indian Harbor, FL 32937 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 2.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 3.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 4.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 5.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 6.2 NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input 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: *Randolph J. Wells* 30 April 1997 (407) 724-2059

CR2E037 (9/96)