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Apr 19, 1999 8:00 am
Secretary of State

002048

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

04-19-1999 90053 007 ****61.25

DOCUMENT # N98000001065

1. Corporation Name

HARLEY OWNERS GROUP-SPACE COAST CHAPTER, INC.

Principal Place of Business
6030 N. HARBOR CITY BLVD.
MELBOURNE FL 32901

Mailing Address
6030 N. HARBOR CITY BLVD.
MELBOURNE FL 32901



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3498074	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 SO. HARBOR CITY BLVD., STE. 505
MELBOURNE FL 32901

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

FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKTELA, STEVEN L	1.2 NAME	
STREET ADDRESS	2855 MARIAH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKTELA, CAROL D	2.2 NAME	
STREET ADDRESS	2855 MARIAH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, GREG	3.2 NAME	
STREET ADDRESS	4725 ROSEBUD STR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32927	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Date: 4/13/99 Daytime Phone #: 407 259 1311

CR2E037 (11/98)