

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708546

FILED
Apr 28, 2007
Secretary of State

Entity Name: ANTIQUE AUTOMOBILE CLUB OF CAPE CANAVERAL, INC.

Current Principal Place of Business:

1020 BARTON BLVD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

PO BOX 1611
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-2933805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINSON, JOSEPH
1020 BARTON BLVD
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PINSON, JOSEPH
Address: 1020 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: PED () Delete
Name: CARPENTER, ROBERT A
Address: 3207 ROB CAY DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: SANDSTROM, ED
Address: 360 NORA AVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: DANHAUSEN, GRACE
Address: 580 DEERFIELD DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: MD () Delete
Name: HEUER, DORIS
Address: 191 SAND PINE ROAD
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARPENTER, ROBERT A
Address: 3207 ROB CAY DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PED (X) Change () Addition
Name: PINSON, JOSEPH A
Address: 1020 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD (X) Change () Addition
Name: GETTINGS, RITA
Address: 794 THRASHER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD (X) Change () Addition
Name: VELLEKOOP, HOLLY
Address: 701 RALEIGH ROAD, SE
City-St-Zip: PALM BAH, FL 32909

Title: MD (X) Change () Addition
Name: DANHAUSEN, LARRY
Address: 580 DEERFIELD DRIVE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. PINSON

PED

04/28/2007

Electronic Signature of Signing Officer or Director

Date