

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708546

FILED  
Apr 30, 2008  
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:**

1020 BARTON BLVD  
ROCKLEDGE, FL 32955 US

**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: CARPENTER, ROBERT A  
Address: 3207 ROB CAY DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PED (X) Change ( ) Addition  
Name: SCHERER, DON  
Address: 450 SAN CRISTOBAL COURT  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: RUNYON, BEVERLY  
Address: 6230 CAPSTAN COURT  
City-St-Zip: ROCKLEDGE, FL 32955

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

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

PD

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date