

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708546

FILED
May 02, 2009
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:

1020 BARTON BLVD
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-2933805 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 A
Address: 1020 BARTON BLVD
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

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: SCHERER, DON
Address: 450 SAN CRISTOBAL COURT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PED (X) Change () Addition
Name: GOODSON, TIM
Address: 3935 NEWPORT STREET
City-St-Zip: PORT ST JOHN, FL 32927

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

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

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

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: DON SCHERER

PD

05/02/2009

Electronic Signature of Signing Officer or Director

Date