2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739290

City-St-Zip:

CAPE CANAVERAL, FL 32920

FILED Apr 10, 2008 Secretary of State

Entity Name: SPACECOAST FREEWHEELERS BICYCLE CLUB, INC.

New Principal Place of Business: Current Principal Place of Business: JOSEPH A GRINARML 1660 DAVIS DR MERRITT ISLAND, FL 32952 **New Mailing Address: Current Mailing Address:** P O BOX 320622 COCOA BEAHC, FL 329320622 US FEI Number: 59-3705061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRINARML, JOSEPH A 1660 DAVIS DR MERRITT ISLAND, FL 32952 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FORREST, AMBER Name: Name: 18 ROCKLEDGE AVE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOLAR, MATTHEW Name: GRINARML, JOSEPH A Name: Address: 166 N. ATLANTIC AVE Address: 1660 DAVIS DR City-St-Zip: COCOA BEACH, FL 32926 City-St-Zip: MERRITT ISLAND, FL 32952 Title: () Delete Title: (X) Change () Addition JORDAN, HERB JACOBSON, JAMIE Name: Name: 373 W EXETER ST 8773 OLEANDER COURT Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: CAPE CANAVERAL, FL 32920 Title: () Delete Title: (X) Change () Addition HEIDERSBACH, DIANNE SHOAFF, WILLIAM D Name: Name: 41 BARTON AVENUE Address: 425 BUCHANAN AVE #501 Address:

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.

City-St-Zip:

ROCKLEDGE, FL 32955

SIGNATURE: WILLIAM D SHOAFF T 04/10/2008