


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90122 042 ****61.25

DOCUMENT # 750980 1. Entity Name TITUSVILLE COIN CLUB, INC.					
Principal Place of Business 220 BERMUDA ST. TITUSVILLE, FL 32780			Mailing Address 220 BERMUDA ST. TITUSVILLE, FL 32780		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3252337	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSE, ALEX 220 BERMUDA ST. TITUSVILLE, FL 32780			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSE, ALEX		NAME		
STREET ADDRESS	220 BERMUDA ST		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOST, ROBERT		NAME		
STREET ADDRESS	955 BUTIG ST.		STREET ADDRESS	955 BUTIA ST	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VANZANDT, GREGORY A		NAME	NIEDZ, FRANKLIN J.	
STREET ADDRESS	2322 COUNTRY CLUB DR		STREET ADDRESS	410 BROADVIEW AV	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAFFER, SHANE B		NAME		
STREET ADDRESS	908 FRUITWOOD PLACE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 321277777		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEYMOUR, KEVIN B		NAME		
STREET ADDRESS	BOX 1106		STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER, FL 32132		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>ALEX ROSE</u>			Date <u>4/15/08</u> Daytime Phone # <u>321-383-7352</u>		