

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90039 022 ****61.25



40112379



DOCUMENT # 763969 1. Entity Name SPACE COAST STREET RODS, INC.					
Principal Place of Business 2610 FOX RUN TRAIL MELBOURNE, FL 32904			Mailing Address 2610 FOX RUN TRAIL MELBOURNE, FL 32904		
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 59-2465196	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TURMAN, JAMES 2610 FOX RUN TRAIL MELBOURNE, FL 32904				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	BAUMBACH, PHILIP A	635 FORD CIR W.	MELBOURNE, FL 32935		
	BAUMBACH, PHILIP A	2610 FOX RUN TRAIL	MELBOURNE, FL 32904		
	TD	ALBRIDGE, CLYDE	25448 BARTHOLOMEW ST.		TD
		CHRISTMAS, FL 32709			DIANE GRAHAM
	SD	TURMAN, JULIE	2610 FOX RUN TRAIL		3405 GRASSMERE DR.
		W. MELBOURNE, FL 32904			W. MELBOURNE, FL 32904
	PD	TURMAN, JAMES	2610 FOX RUN TRAIL		
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>James L. Turman</u> JAMES L. TURMAN 7-28-08 321-724-1890 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40112579

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Document Number 763969
Business Entity Name SPACE COAST STREET RODS, INC.

FEI Number 59 - 2465196

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status ☐ \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 2610 FOX RUN TRAIL (PO Box not acceptable)
Suite, Apt. #, etc.
City, State MELBOURNE FL
Zip Code & Country 32904

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

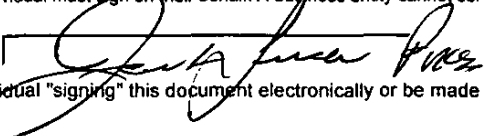
☐ Mailing address same as principal address

Address 2610 FOX RUN TRAIL
Suite, Apt. #, etc.
City, State MELBOURNE FL
Zip Code & Country 32904

Name And Address of Registered Agent

Name (Last, First, Middle, Title) TURMAN JAMES
- OR -
Business to serve as RA
Street Address In Florida 2610 FOX RUN TRAIL (PO Box not acceptable)
Suite, Apt. #, etc.
City, State MELBOURNE FL
Zip Code & Country 32904 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature 

This signature must be that of the individual "signing" this document electronically or be made with

#763969

the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

YD

Name (Last, First, Middle, Title)

BAUMBACH

PHILIP

A

- OR -

Entity Name to serve as Officer/Director

Street Address

635 FORD CIR W.

City, State

MELBOURNE

FL

Zip Code & Country

32935

Name And Address #2

Title

PD

Name (Last, First, Middle, Title)

TURMAN

JIM

- OR -

Entity Name to serve as Officer/Director

Street Address

2610 FOX RUN TRL

City, State

W. MELBOURNE

FL

Zip Code & Country

32904

Name And Address #3

Title

TD

Name (Last, First, Middle, Title)

~~REBRIDGE~~~~CLYDE~~

- OR -

Entity Name to serve as Officer/Director

GRAHAM, DIANE P.

Street Address

~~25446 BARTHOLOMEW ST.~~

2455 GRASSMERE DR.

City, State

~~CHRISTMAS~~

FL

W. MELBOURNE, FL.

32904

Zip Code & Country

~~32709~~

*SEE PAGE 3

Name And Address #4

Title

SD

Name (Last, First, Middle, Title)

TURMAN

JULIE

- OR -

Entity Name to serve as Officer/Director

Street Address

2610 FOX RUN TRL

City, State

W. MELBOURNE

FL

Zip Code & Country

32904

Name And Address #5

Title

PD

Name (Last, First, Middle, Title)

TURMAN

JAMES

- OR -

Entity Name to serve as Officer/Director

Street Address

2610 FOX RUN TRAIL

City, State

MELBOURNE

FL

Zip Code & Country

32904

Name And Address #6

Title

TD

Name (Last, First, Middle, Title)

GRAHAM

DIANE

P.

- OR -

Entity Name to serve as Officer/Director

Street Address

2455 GRASSMERE DR.

City, State

W. MELBOURNE

FL

Zip Code & Country

32904

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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