## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007193

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: SPACE COAST TRIATHLETES, INC.

FILED Apr 15, 2009 Secretary of State

Current Pr	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
	GE PARK DR NE, FL 32934			5820 CLAIBORNE ST MELBOURNE, FL 32940		
Current Mailing Address:				New Mailing Address:		
	GE PARK DR NE, FL 32934			5820 CLAIBORNE ST MELBOURNE, FL 32940		
FEI Number: 31-1802795 FEI Number Applied For ( ) FEI Num			umber Not Appl	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MAXWELL, PAM 2498 VILLAGE PARK DR MELBOURNE, FL 32934 US			5820 CLAII	MAXWELL, PAM 5820 CLAIBORNE ST MELBOURNE, FL 32940 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: PAMELA MAXWELL				04/15/2009		
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () C COLLUIAS, SUZA 2210 RIVERSIDE INDIALANTIC, FL	AVE	Title: Name: Address: City-St-Zip:	COLLUIAS, S 2210 RIVERS		
Title: Name: Address: City-St-Zip:	T () C MAXWELL, PAM 2498 VILLAGE PA MELBOURNE, FL		Title: Name: Address: City-St-Zip:	MAXWELL, P 2498 VILLAG		
Title: Name: Address: City-St-Zip:	( ) □	Pelete	Title: Name: Address: City-St-Zip:	ROGERS, CA 5820 CLAIBO		
Title: Name: Address: City-St-Zip:	()[	Jelete	Title: Name: Address: City-St-Zip:	ERIC, ERIC 2498 VILLAG	) Change (X) Addition E PARK DR I, FL 32934 US	
Title:	()	Pelete	Title:	T (	) Change (X) Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

MAXWELL, PAMELA

COULIAS, SUZANNE

2498 VILLAGE PARK DR MELBOURNE, FL 32934 US

2498 VILLAGE PARK DR

MELBOURNE, FL 32934 US

( ) Change (X) Addition

SIGNATURE: PAMELA MAXWELL T 04/15/2009

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