

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007193

FILED
Dec 06, 2011
Secretary of State

Entity Name: SPACE COAST TRIATHLETES, INC.

Current Principal Place of Business:

5820 CLAIBORNE ST
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

5820 CLAIBORNE ST
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 31-1802795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, PAM
5820 CLAIBORNE ST
MELBOURNE, FL 32940 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: PMM

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: COLLUIAS, SUZANNE
Address: 2210 RIVERSIDE AVE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: T
Name: MAXWELL, PAM
Address: 2498 VILLAGE PARK DR
City-St-Zip: MELBOURNE, FL 32934 US

Title: S
Name: TWIGG, GINGER
Address: 5820 CLAIBORNE ST
City-St-Zip: MELBOURNE, FL 32940 US

Title: P
Name: CARABETTA, PETER
Address: 2498 VILLAGE PARK DR
City-St-Zip: MELBOURNE, FL 32934 US

Title: T
Name: MAXWELL, PAMELA
Address: 2498 VILLAGE PARK DR
City-St-Zip: MELBOURNE, FL 32934 US

Title: VP
Name: COULIAS, SUZANNE
Address: 2498 VILLAGE PARK DR
City-St-Zip: MELBOURNE, FL 32934 US

I hereby 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 all other like empowered.

SIGNATURE: PMM

T

12/06/2011

Electronic Signature of Signing Officer or Director

Date