2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008104

Name:

Address:

City-St-Zip:

ROBETS, JAMES

1919 FABIEN CIR.

MELBOURNE, FL 32940

FILED Jaņ 06, 2<u>00</u>6 Secretary of State

Entity Name: SPACE COAST TRACK CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 372 JOHNSON BLVD COCOA, FL 32926 **Current Mailing Address: New Mailing Address:** 372 JOHNSON BLVD COCOA, FL 32926 FEI Number: 59-3731306 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: MARTIN, DEBRA 372 JOHNSON BLVD COCOA, FL 32926 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 GOINS, FREDERICK Name: Name: Address: 832 HAMILTON AVE Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: MARTIN, DEBRA Name: Address: 372 JOHNSON BLVD Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: () Delete Title: () Change () Addition WELLS, JOYCE Name: Name: 1029 REVILLA LN Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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:

Address:

City-St-Zip:

SIGNATURE: DEBRA MARTIN SD 01/06/2006