


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # N15116 1. Entity Name SPACE COAST REGION OF THE PORSCHE CLUB OF AMERICA, INC.	
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Principal Place of Business 6134 ANCHOR LN. ROCKLEDGE, FL 32955	Mailing Address 6134 ANCHOR LN. ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE



05052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2683714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STOWERS, KIRK E
6134 ANCHOR LN.
ROCKLEDGE, FL 32955

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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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REINART, BRIAN 5060 WILD CINNAMON DRIVE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRKE, STOWERS 6134 ANCHOR LN ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUILLERMO, GUTIERREZ 5140 WILD CINNAMON DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80009-001 61.25

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IN THIS SPACE**

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: Kirk E. Stowers **KIRK E. STOWERS** 5-1-2006 321-676-2590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #