


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90007 046 \*\*\*\*61.25

<b>DOCUMENT # N26001</b> 1. Entity Name <b>SPACE COAST REGION, ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.</b>					
Principal Place of Business <b>2121 SO HOPKINS AVE. TITUSVILLE, FL 32780 US</b>				Mailing Address <b>P.O. BOX 5837 TITUSVILLE, FL 32783 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2961610</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BOSHARA, DON 3825 COTTONWOOD DRIVE TITUSVILLE, FL 32780</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, MICHAEL</b>		NAME	<b>DODD, FLOYD L</b>	
STREET ADDRESS	<b>2495 CHERRYWOOD LANE</b>		STREET ADDRESS	<b>1785 COWAN DRIVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>		CITY-ST-ZIP	<b>TITUSVILLE, FL 32796</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PINTO, RAYMOND</b>		NAME		
STREET ADDRESS	<b>2519 CRICKET TR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, DEBBIE</b>		NAME	<b>LARSON, SHERRI</b>	
STREET ADDRESS	<b>2495 CHERRYWOOD LANE</b>		STREET ADDRESS	<b>1925 FOSSE WAY</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>		CITY-ST-ZIP	<b>TITUSVILLE, FL 32796</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DON BOSHARA</b>		NAME		
STREET ADDRESS	<b>3825 COTTONWOOD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TITUSVILLE, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOWARD EARLES</b>		NAME		
STREET ADDRESS	<b>4037 FAIRFAX RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIMS, FL</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DODD, FLOYD L</b>		NAME	<b>CUNNINGHAM, MICHAEL</b>	
STREET ADDRESS	<b>1785 COWAN DRIVE</b>		STREET ADDRESS	<b>2495 CHERRYWOOD LANE</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32796</b>		CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u>Don Boshara</u> DON BOSHARA, TREAS 1-12-04 321-268-3384</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

