

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90034 019 ****61.25

DOCUMENT # N26001					
1. Entity Name SPACE COAST REGION, ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.					
Principal Place of Business 2121 SO HOPKINS AVE. TITUSVILLE, FL 32780 US			Mailing Address P.O. BOX 5837 TITUSVILLE, FL 32783 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2961610	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	01072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOSHARA, DON 3825 COTTONWOOD DRIVE TITUSVILLE, FL 32780			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARRAMORE, JESSE		NAME		
STREET ADDRESS	5275 DEVON ST		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32927		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, JOHN		NAME	DODD, FLOYD LEE	
STREET ADDRESS	1925 FOSSE WAY		STREET ADDRESS	1785 COWAN DR	
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRAMORE, NANCY		NAME	MANGOLD, KEN	
STREET ADDRESS	5275 DEVON ST		STREET ADDRESS	2605 TOUPS TR	
CITY-ST-ZIP	COCOA, FL 329247		CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DON BOSHARA		NAME		
STREET ADDRESS	3825 COTTONWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD EARLES		NAME		
STREET ADDRESS	4037 FAIRFAX RD		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>DON BOSHARA</u> <i>Don Boshara</i>			Date: <u>1-8-08</u>		Daytime Phone #: <u>321-268-3384</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					