SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N93000005405 (6)**

1. Corporation Name
SPACE COAST FOUR WHEELER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3360 LAKE VIEW CIR MELBOURNE FL 32934	3360 LAKE VIEW CIR MELBOURNE FL 32934

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3231215 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21 6170 Quito Ave	26 6170 Quito Ave	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23 Cocoa, FL	City & State 28 Cocoa, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
Zip 24 32927 Country 25 Brevard	Zip 29 32927 Country 30 Brevard	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOYCE, KEVIN
3360 LAKE VIEW CIR
MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name: Doug Henry
82 Street Address (P.O. Box Number is Not Acceptable): 6170 Quito Ave
83
84 City: Cocoa FL 85 Zip Code: 32927

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X _____ Doug Henry President 6/23/95
(Signature of current or new registered agent (see item 9 or 10 above)) (If new) (Registered Agent's signature required when reinstating) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
TITLE	DP	11 TITLE	DP ☑ Change ☐ Addition
NAME	BOYCE, KEVIN	12 NAME	Doug Henry
STREET ADDRESS	3360 LAKE VIEW CIR	13 STREET ADDRESS	6170 Quito Ave
CITY-ST-ZIP	MELBOURNE FL 32934	14 CITY-ST-ZIP	Cocoa, FL 32927
TITLE	DV	21 TITLE	DV ☑ Change ☐ Addition
NAME	MALLICOAT, MIKE	22 NAME	Scott Erwin
STREET ADDRESS	1922 GARNER AVE	23 STREET ADDRESS	744 Tupelo Drive
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	melbourne, FL 32935
TITLE	DS	31 TITLE	DS ☑ Change ☐ Addition
NAME	MALLICOAT, ENID D	32 NAME	Shannon Aldridge
STREET ADDRESS	1922 GARNER AVE	33 STREET ADDRESS	450 Burnett Ct.
CITY-ST-ZIP	MELBOURNE FL 32935	34 CITY-ST-ZIP	Cocoa, FL 32927
TITLE	DT	41 TITLE	DT ☑ Change ☐ Addition
NAME	ERWIN, SCOTT	42 NAME	Mike Weinert
STREET ADDRESS	744 TUPELO DR	43 STREET ADDRESS	6981 S. Orlando Ave.
CITY-ST-ZIP	MELBOURNE FL 32936	44 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ Doug Henry President 6/23/95 (607)632-1060
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E037 (3/95)

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