#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 739290** 

Entity Name: SPACECOAST FREEWHEELERS BICYCLE CLUB, INC.

**FILED** Jan 24, 2023 **Secretary of State** 0559421385CC

# **Current Principal Place of Business:**

SPACECOAST FREEWHEELERS BICYCLE CLUB. INC.

463 FORREST AVE UNIT 99

COCOA, FL 32922

# **Current Mailing Address:**

P O BOX 151

COCOA, FL 32923-0151 US

FEI Number: 59-3705061 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

GRINARML, JOSEPH A 1660 DAVIS DR MERRITT ISLAND, FL 32952 US

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

#### Officer/Director Detail:

**PRESIDENT** Title Title R

MURPHY, ERIN Name BUESCHER, KEITH Name

Address 6925 SOUTH TROPICAL TRAIL Address 301 N ATLANTIC AVE

**APT 603** 

VICE PRESIDENT

ZAMSKY, DAVID

310 KENT DRIVE

City-State-Zip: MERRITT ISLAND FL 32952 City-State-Zip: COCOA BEACH FL 32931-2957

Title

Title **OTHER** JOY, DAVE Name

Name Address 15 N INDIAN RIVER DR Address

**APT 405** 

City-State-Zip: COCOA BEACH FL 32931 City-State-Zip: COCOA FL 32922

Title **TREASURER** 

Name PAULSON, MICHELE 5606 RIVER OAKS DRIVE Address City-State-Zip: TITUSVILLE FL 32780

I hereby 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 all other like empowered.

01/24/2023 SIGNATURE: MICHELE PAULSON **TREASURER** 

Electronic Signature of Signing Officer/Director Detail

Date