

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706106 (2)

1. Corporation Name

THE GULF COAST REGION OF SPORTS CAR CLUB OF AMERICA, INCORPORATED



Principal Place of Business

OF AMERICA INC
5407 CHAR BAR DRIVE
PENSACOLA FL 32526-3526

Mailing Address

OF AMERICA INC
5407 CHAR BAR DRIVE
PENSACOLA FL 32526-3526

3. Date Incorporated or Qualified
09/04/1963

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2893805

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOORE, ARLO D.
5407 CHAR BAR DRIVE
PENSACOLA FL 32526
32526

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, ROLLAND
STREET ADDRESS 1554 CHURCH ST
CITY- ST- ZIP MOBILE AL ☒ DELETE

TITLE TD
NAME MOORE, ARLO D
STREET ADDRESS 5407 CHAR BAR DR
CITY- ST- ZIP PENSACOLA, FL 00000 ☐ DELETE

TITLE SD
NAME SPEH, ROBERTA
STREET ADDRESS 615 E GATE CIRCLE
CITY- ST- ZIP FOLEY AL ☐ DELETE

TITLE VD
NAME TRINCHITELLA, WILLIAM
STREET ADDRESS 9539 RANIER CIR
CITY- ST- ZIP NAVARRE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME WURZBACH, WALTER O.
1.3 STREET ADDRESS 13575 LEATHERBURY RD
1.4 CITY- ST- ZIP DOLLEY, AL36551 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE VD
4.2 NAME MITCHELL, ALBERT W.
4.3 STREET ADDRESS 3244 COBBLESTONE DR
4.4 CITY- ST- ZIP PACE, FL 32571 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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)(k), 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: Arlo D. Moore Arlo D. Moore 1-17-96 (904)455-5637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)