

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706106

FILED  
Jan 18, 2008  
Secretary of State

**Entity Name:** THE GULF COAST REGION OF SPORTS CAR CLUB OF AMERICA, INCORPORATED

**Current Principal Place of Business:**

OF AMERICA INC  
13575 LEATHERBURY ROAD  
LOXLEY, AL 36551

**New Principal Place of Business:**

GCR SCCA OF AMERICA INC  
3217 COPPERRIDGE CIR  
CANTONMENT, FL 32533

**Current Mailing Address:**

OF AMERICA INC  
13575 LEATHERBURY ROAD  
LOXLEY, AL 36551

**New Mailing Address:**

GCR SCCA OF AMERICA INC  
3217 COPPERRIDGE CIR  
CANTONMENT, FL 32533

**FEI Number:** 59-2893805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEMISON, RICHARD  
8737 CHISHOLM RD  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WURZBACH, WALTER O  
Address: 13575 LEATHERBURY RD  
City-St-Zip: LOXLEY, AL

Title: VD ( ) Delete  
Name: JONES, WALTER  
Address: 10124 WILLIS RD.  
City-St-Zip: FOLEY, AL 36535

Title: VD ( ) Delete  
Name: FELIS, RICHARD  
Address: 954 PALMETTO ST  
City-St-Zip: MOBILE, AL 36604

Title: VD ( ) Delete  
Name: GIVENS, ALLEN  
Address: 3217 COPPER RIDGE CIR  
City-St-Zip: CANTONMENT, FL 32533

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: GIVENS JR, DEAN A  
Address: 3217 COPPERRIDGE CIR  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: WURZBACH, WALT O  
Address: 13575 LEATHERBURY ROAD  
City-St-Zip: LOXLEY, AL 36551

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEAN A GIVENS JR

TD

01/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date