

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 22 PM 3: 23**

**DOCUMENT # 712424 (1)**  
1. Corporation Name  
**THE MIRACLE STRIP CORVETTE CLUB, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1300 MALDONADO ST.  
PENSACOLA BCH FL 32561** **1300 MALDONADO ST.  
PENSACOLA BCH FL 32561**

3. Date Incorporated or Qualified **03/17/1967** 3a. Date of Last Report **04/25/1994**  
4. FEI Number **NOT APPLICABLE** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**STINSON, SUE  
1325 CREIGHTON ROAD  
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent  
81 Name **Smith, Greg**  
82 Street Address (P.O. Box Number is Not Acceptable) **10756 Pampus Trail Road**  
83  
84 City **Pensacola** **FL** 85 Zip Code **32506**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0305, Florida Statutes.

SIGNATURE *Greg A. Smith* **GREG A. SMITH** **3/10/95**  
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	<b>PD</b>
NAME	<b>STINSON, SUE</b>
STREET ADDRESS	<b>1325 CREIGHTON ROAD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>VD</b>
NAME	<b>DANIELS, WAYNE</b>
STREET ADDRESS	<b>3465 MAIKAI DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>TD</b>
NAME	<b>HAMPTON, AL</b>
STREET ADDRESS	<b>821 SHADOW RIDGE DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>S</b>
NAME	<b>HENRY, GWEN</b>
STREET ADDRESS	<b>6084 SPANISH OAK DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>HENRY, PAUL</b>
STREET ADDRESS	<b>6084 SPANISH OAK DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>VD</b>
NAME	<b>STINSON, SAM</b>
STREET ADDRESS	<b>1325 CREIGHTON ROAD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Smith, Greg</b>	
1.3 STREET ADDRESS	<b>10756 Pampus Trail Road</b>	
1.4 CITY-ST-ZIP	<b>Pensacola, Florida 32506</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hampton, Al</b>	
2.3 STREET ADDRESS	<b>821 Sharow Ridge Drive</b>	
2.4 CITY-ST-ZIP	<b>Pensacola, Florida 32514</b>	
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Vargas, Ken</b>	
3.3 STREET ADDRESS	<b>5564 Ponte Verde Court</b>	
3.4 CITY-ST-ZIP	<b>Pensacola, Florida 32507</b>	
4.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Blackford, Sheila</b>	
4.3 STREET ADDRESS	<b>8088 Baywind Circle</b>	
4.4 CITY-ST-ZIP	<b>Pensacola, Florida 32514</b>	
5.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>French, Gary</b>	
5.3 STREET ADDRESS	<b>7513 Woods Road</b>	
5.4 CITY-ST-ZIP	<b>Pensacola, Florida 32526</b>	
6.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>French, Gary</b>	
6.3 STREET ADDRESS	<b>7513 Woods Road</b>	
6.4 CITY-ST-ZIP	<b>Pensacola, Florida 32526</b>	

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 110.07(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 *Kenneth Vargas* **KENNETH VARGAS** **3 16 95** **904 492 2556**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #