


FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712424 (1)
 1. Corporation Name
THE MIRACLE STRIP CORVETTE CLUB, INC.



Principal Place of Business 6084 SPANISH OAK DR. PENSACOLA FL 32526	Mailing Address 6084 SPANISH OAK DR. PENSACOLA FL 32526
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3. Date Incorporated or Qualified 03/17/1967	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**KIRK, CLIFF
913 EAST GONZALEZ
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STINSON, SUE	
STREET ADDRESS	1325 CREIGHTON RD.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIRK, CLIFF	
STREET ADDRESS	913 EAST GONZALEZ	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VARGAS, KEN	
STREET ADDRESS	5564 PONTE VERDE CT.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIXON, JIM	
STREET ADDRESS	2842 WHISPER BAY BLVD.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENRY, PAUL	
STREET ADDRESS	6084 SPANISH OAK DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HIRST JR, JOHN D	
STREET ADDRESS	4878 LANETT DR	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kirk, Cliff	
1.3 STREET ADDRESS	913 East Gonzalez	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	West, Michael	
2.3 STREET ADDRESS	2732 Sunrunner Ln	
2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Watson, Dennis H	
3.3 STREET ADDRESS	7343 Templeton Rd	
3.4 CITY-ST-ZIP	Pensacola, FL 32506	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wilcox, David	
5.3 STREET ADDRESS	12195 Longwood Dr	
5.4 CITY-ST-ZIP	Pensacola, FL 32507	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Roach, Steve	
6.3 STREET ADDRESS	3961 Shorewood Dr	
6.4 CITY-ST-ZIP	Pensacola, FL 32507	

14. I hereby certify that the information supplied with this filing 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 _____

CR2E037 (10/97)