

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90021 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712424**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/17/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEST, MICHAEL		1.2 NAME BENJAMIN HARRIS	
STREET ADDRESS 2732 SUNNUNNER LN		1.3 STREET ADDRESS 1201 WISTERIA AV.	
CITY-ST-ZIP GULF BREEZE FL 32561		1.4 CITY-ST-ZIP PENSACOLA FL 32507	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRK, CLIFF		2.2 NAME	
STREET ADDRESS 913 EAST GONZALEZ		2.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32501		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, DENNIS H		3.2 NAME VARGAS, KENNETH L.	
STREET ADDRESS 7343 TEMPLETON RD		3.3 STREET ADDRESS 6564 PONTE VERDE CT	
CITY-ST-ZIP PENSACOLA FL 32506		3.4 CITY-ST-ZIP PENSACOLA FL 32507	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, JIM		4.2 NAME	
STREET ADDRESS 2842 WHISPER BAY BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP GULF BREEZE FL 32561		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILCOX, DAVID		5.2 NAME	
STREET ADDRESS 12195 LONGWOOD DR		5.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32507		5.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROACH, STEVE		6.2 NAME	
STREET ADDRESS 3961 SHOREWOOD DR		6.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32507		6.4 CITY-ST-ZIP	

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, with all other like empowered.

**SIGNATURE** *Kenneth L. Vargas* **DATE** 4-5-99 **DAYTIME PHONE #** 850 492 2556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)