


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90010 018 ****61.25

| | | | |
|---------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| DOCUMENT # 712424 | |  | |
| 1. Entity Name THE MIRACLE STRIP CORVETTE CLUB, INC. | | | |
| Principal Place of Business P.O. BOX 10332 PENSACOLA FL 32524 US | | Mailing Address P.O. BOX 10332 PENSACOLA FL 32524 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

34054083



MOORE CR2E037 (11/03)

| | | | |
|-----------------------------------------------------------|--|--------------------------------------------------------|--|
| 4. FEI Number NO-T APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DRAUGHAN, RANDALL L 4515 SOUTHPOINTE LN PENSACOLA FL 32514 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Randall L. Draughan* Randall L. Draughan 5-10-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STINSON, SUE P.O. BOX 11308 PENSACOLA FL 32524 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ERNIE MARTINEZ 7032 REDONDO DRIVE PENSACOLA, FL. 32526-3603 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DRAUGHAN, RANDALL L 4515 SOUTHPOINTE LN PENSACOLA FL 32514 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WETZEL, JEFF 5143 CHOCTAW AVE. PENSACOLA FL 32506 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DENNIS, SID 7601 NORTHPOINTE DR PENSACOLA FL 32514 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIRK, CLIFF 913 EAST GONZALEZ PENSACOLA FL 32501 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERT S. ROACH 3901 SHOREWOOD DRIVE PENSACOLA, FL. 32507 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KALIVODA, DIANE 6045 N BLUE ANGEL PKWY PENSACOLA FL 32526 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Randall L. Draughan* Randall L. Draughan 5-10-04 (850) 432-3153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #