

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712424

FILED
Apr 19, 2006
Secretary of State

Entity Name: THE MIRACLE STRIP CORVETTE CLUB, INC.

Current Principal Place of Business:

P.O. BOX 10332
PENSACOLA, FL 32524 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10332
PENSACOLA, FL 32524 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTINEZ, ERNEST G TREASUR
7032 REDONDO DRIVE
PENSACOLA, FL 32526 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: PD () Delete
Name: BLANCHARD, DARRELL
Address: 5625 DIXIE DRIVE SUITE 8
City-St-Zip: PENSACOLA, FL 32503

Title: TD () Delete
Name: MARTINEZ, ERNEST G
Address: 7032 REDONDO DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: MATT, THOMAS
Address: 8063 BAYWIND CIRCLE
City-St-Zip: PENSACOLA, FL 32514

Title: VD () Delete
Name: TERRY, MILLS
Address: 5360 GALBERRY LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: D (X) Delete
Name: ROACH, ROBERT S
Address: 3961 SHOREWOOD DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: SD () Delete
Name: KALIVODA, DIANE
Address: 6045 N BLUE ANGEL PKWY
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ERNEST G. MARTINEZ

TD

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date