

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712424

FILED
Jan 12, 2012
Secretary of State

Entity Name: THE MIRACLE STRIP CORVETTE CLUB, INC.

Current Principal Place of Business:

5590 NORTH W STREET
MIRACLE STRIP CORVETTE CLUB ROOM
PENSACOLA, FL 32505 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
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
Name: BENNETT, DAVID R
Address: 5970 RIDGEVIEW DRIVE
City-St-Zip: MILTON, FL 32570

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

Title: D
Name: DONALD, CHARLIE H
Address: 7451 SAN RAMON DRIVE
City-St-Zip: MILTON, FL 32583

Title: VD
Name: GORDON, RICK
Address: P.O. BOX 669
City-St-Zip: GULF BREEZE, FL 32562

Title: SD
Name: VICKERY, MICHAEL
Address: 3520 FIRESTONE BLVD
City-St-Zip: PENSACOLA, FL 32503

Title: VD
Name: GRIFFIN, ROBERT
Address: 1656 WOODLAWN WAY
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: ERNEST G MARTINEZ

TD

01/12/2012

Electronic Signature of Signing Officer or Director

_____ Date