

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90129 003 ****61.25

0063063

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRK, CLIFF 915 EAST GONZALEZ PENSACOLA FL 32501		7. Name and Address of New Registered Agent Name RANDALL L. DRAUGHAN Street Address (P.O. Box Number is Not Acceptable) 4515 SOUTHPOINTE LN. City PENSACOLA FL Zip Code 32514	
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 <i>Randall L. Draughan</i> Randall L. Draughan DATE 5-10-03			

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 VD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROWLEY, JERRY		NAME SUE STINSON	
STREET ADDRESS 9392 CLARKE RIDGE RD.		STREET ADDRESS P.O. Box 11308	
CITY-ST-ZIP FOLEY AL 36535		CITY-ST-ZIP PENSACOLA, FL. 32524	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRAUGHAN, RANDALL L		NAME	
STREET ADDRESS 4515 SOUTHPOINTE LN		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32514		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WETZEL, JEFF		NAME	
STREET ADDRESS 5143 CHOCTAW AVE.		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32506		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROACH, STEVE		NAME SID DENNIS	
STREET ADDRESS 3961 SHOREWOOD DR.		STREET ADDRESS 7001 NORTHPOINTE DR.	
CITY-ST-ZIP PENSACOLA FL 32507		CITY-ST-ZIP PENSACOLA, FL. 32514	
TITLE PD	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRK, CLIFF		NAME	
STREET ADDRESS 913 EAST GONZALEZ		STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32501		CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROWLEY, TRUDY		NAME DIANE KALIVODA	
STREET ADDRESS 9392 CLARKE RIDGE ROAD		STREET ADDRESS 6045 N. BLUE ANGEL PKWY.	
CITY-ST-ZIP FOLEY AL 36535		CITY-ST-ZIP PENSACOLA, FL. 32526	

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** DATE **5-10-03** **430-3153** (850)

CR2E037 (10/02)