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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90256 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 762677

1. Corporation Name

SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.

Principal Place of Business

4912 OLD OAKLEAF DR  
 SARASOTA FL 34233  
 US

Mailing Address

4912 OLD OAKLEAF DR  
 SARASOTA FL 34233  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/31/1982

22 City & State

27 City & State

4. FEI Number  
 59-2356543

Applied For  
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCH, LINDA  
 4912 OLD OAKLEAF DR  
 SARASOTA FL 34233

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 Linda Koch, Treasurer (LINDA KOCH) 2/12/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, CARTER	1.2 NAME	P. SLIGHT, ARNOLD
STREET ADDRESS	1881 LAUREL RD	1.3 STREET ADDRESS	1197 LARCHMONT DR.
CITY-ST-ZIP	LAUREL FL 34272	1.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34223
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIGHT, ARNOLD	2.2 NAME	V.P. THOMAS, TOM
STREET ADDRESS	1197 LARCHMONT DR	2.3 STREET ADDRESS	600 SUFFOLK CIR.
CITY-ST-ZIP	ENGLEWOOD FL 34233	2.4 CITY-ST-ZIP	NOKOMIS, FL. 34275
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOCKLEY, VERNA	3.2 NAME	SAME
STREET ADDRESS	3151 53RD ST	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	SARASOTA FL 34234	3.4 CITY-ST-ZIP	SAME
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, LINDA	4.2 NAME	SAME
STREET ADDRESS	4912 OLD OAKLEAF DR	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	SARASOTA FL 34233	4.4 CITY-ST-ZIP	SAME
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNS, ARNOLD	5.2 NAME	P. ROTH, CARTER
STREET ADDRESS	1610 MEADOWOOD ST	5.3 STREET ADDRESS	1881 LAUREL RD.
CITY-ST-ZIP	SARASOTA FL 34231	5.4 CITY-ST-ZIP	LAUREL, FL. 34272
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOCKLEY, CHARLES	6.2 NAME	SAME
STREET ADDRESS	3151 53RD ST	6.3 STREET ADDRESS	SAME
CITY-ST-ZIP	SARASOTA FL 34234	6.4 CITY-ST-ZIP	(3 DIRECTORS) TOTAL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(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: Linda Koch (LINDA KOCH) 2/12/99

CR2E037 (1/198)