


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90065 025 \*\*\*\*61.25

<b>DOCUMENT # N02000002950</b>					
1. Entity Name CAPE KENNEDY CORVETTE CLUB, INC.					
Principal Place of Business 130 CARIB DR MERRITT ISLAND, FL 32953			Mailing Address 130 CARIB DR MERRITT ISLAND, FL 32953		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, LLOYCE 130 CARIB DRIVE MERRITT ISLAND, FL 32952			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to: Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, LLOYCE		NAME	John Dillen	
STREET ADDRESS	130 CARIB DR		STREET ADDRESS	141 E Osceola Ln	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	Cocoa Beach, FL 32931	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERARD, JUDY		NAME	Neena McAfee	
STREET ADDRESS	3190 N ATLANTIC AVE. #218		STREET ADDRESS	7667 N Wickham Road #1106	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEARER, BILL		NAME	Bill Evans	
STREET ADDRESS	1046 FAIRLAWN DR		STREET ADDRESS	1656 Shore Dr	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	OAL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, JUDI		NAME		
STREET ADDRESS	3203 BUCKINGHAM LN.		STREET ADDRESS		
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kevin Charles	
STREET ADDRESS			STREET ADDRESS	917 Ocaso Ln #205	
CITY-ST-ZIP			CITY-ST-ZIP	Rockledge, FL 32955	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____			10 JAN 08		
<small>SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		