

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002950

FILED  
Jan 16, 2011  
Secretary of State

**Entity Name:** CAPE KENNEDY CORVETTE CLUB, INC.

**Current Principal Place of Business:**

1194 THREE MEADOWS DRIVE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1194 THREE MEADOWS DR  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 23-7182695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONANNO, STEVE L  
1194 THREE MEADOWS DR  
ROCKLEDGE, FL 32955 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: T  
Name: BONANNO, STEVEN L  
Address: 1194 THREE MEADOWS DR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: OAL  
Name: MCAFEE, NEENA  
Address: 4165 SKYWAY DR  
City-St-Zip: COCOA, FL 32927

Title: VP  
Name: MAITA, JOHN  
Address: 1937 JACQUES DR  
City-St-Zip: VIERA, FL 32940

Title: P  
Name: JOHNSON, PETER  
Address: 4165 SKYWAY DR  
City-St-Zip: COCOA, FL 32927

Title: S  
Name: MARTINDALE, PAMELA  
Address: 460 L M DAVEY LANE  
City-St-Zip: TITUSVILLE, FL 32780

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: STEVEN L BONANNO

T

01/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date