


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-30-2008 90220 032 ****61.25

DOCUMENT # N0300008919

1. Entity Name
MID FLORIDA CORVETTE CLUB INC.



Principal Place of Business
3300 OSAGE CT.
ST. CLOUD, FL 34769 US

Mailing Address
3300 OSAGE CT.
ST. CLOUD, FL 34769 US

2. Principal Place of Business - No P.O. Box #
521 REBECCA DRIVE

3. Mailing Address
521 REBECCA DRIVE

Suite, Apt. #, etc.


City & State
ST. CLOUD, FLORIDA

City & State
ST. CLOUD, FLORIDA

Zip
34769

Country
USA

06202008 Chg-NP CR2E037 (12/06)



4. FEI Number
01-0661957

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARDNER, LORETTA
3300 OSAGE CT.
ST. CLOUD, FL 34769

7. Name and Address of New Registered Agent

Name
BARBARA KARLSSON

Street Address (P.O. Box Number is Not Acceptable)
521 REBECCA DRIVE

City
ST. CLOUD

FL Zip Code
34769

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 Barbara Karlsson, Secretary **BARBARA KARLSSON** June 20, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
Due by September 12, 2008

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	HAMILL, JEFF	991 SHORE DR.	KISSIMMEE, FL 34744	<input checked="" type="checkbox"/>
VP	HLADEK, JERRY J	147 THORNBURY DR	KISSIMMEE, FL 34744	<input checked="" type="checkbox"/>
S	GARDNER, LORETTA	3300 OSAGE CT.	ST. CLOUD, FL 34769	<input checked="" type="checkbox"/>
T	CROSS, JOSEPH	1232 NORTH SHORE DRIVE	ST. CLOUD, FL 34771	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	LARRY BEERY	4900 OLD OAK TR.	ST. CLOUD, FLORIDA 34771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	VINCE VAN VRANKEN	6369 JESS CT	ST. CLOUD, FLORIDA 34769	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	BARBARA KARLSSON	521 REBECCA DRIVE	ST. CLOUD, FLORIDA 34769	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	PIAA HLADEK	147 THORNBURY DRIVE	KISSIMMEE, FLORIDA 34744	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Barbara Karlsson **BARBARA KARLSSON** June 20, 2008 **407-334-3597**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/30/2008-90220-032-\$61.25-\$61.25

66014608

DOCUMENT # N03000008919 1. Entity Name MID FLORIDA CORVETTE CLUB INC.		
Principal Place of Business 3300 OSAGE CT. ST. CLOUD, FL 34768 US		Mailing Address 3300 OSAGE CT. ST. CLOUD, FL 34768 US
2. Principal Place of Business - No P.O. Box # 521 REBECCA DRIVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State ST. CLOUD, FL		City & State _____
Zip 34769	Country USA	4. FEI Number 01-0661957
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent GARDNER, LORETTA 3300 OSAGE CT. ST. CLOUD, FL 34769		7. Name and Address of New Registered Agent Name BARBARA KARLSSON Street Address (P.O. Box Number is Not Acceptable) 521 REBECCA DRIVE City ST. CLOUD FL Zip Code 34769
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME HAMILL, JEFF <input checked="" type="checkbox"/> Delete	STREET ADDRESS 991 SHORE DR. KISSIMMEE, FL 34744	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JOSEPH CROSS STREET ADDRESS 3122 CARPENTER'S LANE CITY-ST-ZIP ST. CLOUD FL 34769
TITLE VP <input checked="" type="checkbox"/> Delete NAME HLADEK, JERRY J	STREET ADDRESS 147 THORNBURY DR KISSIMMEE, FL 34744	TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VINCE VAN VRANKEN STREET ADDRESS 6369 JESS CT. CITY-ST-ZIP ST. CLOUD, FL 34771
TITLE S <input checked="" type="checkbox"/> Delete NAME GARDNER, LORETTA	STREET ADDRESS 3300 OSAGE CT. ST. CLOUD, FL 34769	TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME BARBARA KARLSSON STREET ADDRESS 521 REBECCA DRIVE CITY-ST-ZIP ST. CLOUD, FL 34769
TITLE T <input checked="" type="checkbox"/> Delete NAME CROSS, JOSEPH	STREET ADDRESS 1232 NORTH SHORE DRIVE ST, CLOUD, FL 34771	TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME RAYMOND KLEUTGEN STREET ADDRESS 2801 HARWOOD CT. CITY-ST-ZIP KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:		Date 5/1/08 Daytime Phone # 407-951-9400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>