2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N14758

1. Entity Name
ORLANDO DISTRICT FORD PARTS AND SERVICE CLUB, INC.

Principal Place of Business	Mailing Address
9915 DISCOVERY TERRACE BRADENTON, FL 34202 US	9915 DISCOVERY TERRACE BRADENTON, FL 34202 US

DO NOT WRITE IN THIS SPACE

04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3301082
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIGMON, BOB
877 QUEENS HARBOR BLVD.
JACKSONVILLE, FL 32225

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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 Bob Sigmon Treasurer 4/26/04
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 May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000133035
04/29/04-80105-012 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARON, RUSS
STREET ADDRESS	9915 DISCOVERY TERRACE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	SIGMON, BOB
STREET ADDRESS	877 QUEENS HARBOR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	BAKER, MIKE
STREET ADDRESS	505 HIAWATHA AVE
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	P
NAME	BENNETT, RICHARD
STREET ADDRESS	1800 BOY SCOUT ROAD
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Bob Sigmon 4/26/04 904 886 8483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #