2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2007 8:00 am DOCUMENT # N14758 Secretary of State 1. Entity Name 05-02-2007 90045 017 ****70.00 ORLANDO DISTRICT FORD PARTS AND SERVICE CLUB, Principal Place of Business Mailing Address 877 QUEENS HARBOR BLVD JACKSONVILLE FL 32225 877 QUEENS HARBOR BLVD. JACKSONVILLE FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3301082 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 40 V SIGMON, BOB 877 QUEENS HARBOR BLVD. JACKSONVILLE FL 32225 00 Q. 8. The above named ontily submits the 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 agen SIGNATURE Signature, typed or printed name of registered (NOTE: Registered Agent signature required when reinstating) nt and title it applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change TITLE ☐ Delete TITLE ■ Addition 100 NAME CARON, RUSS NAME STREET ADDRESS STREET ADDRESS 9915 DISCOVERY TERRACE C/TY-S1-7/P BRADENTON FL 34202 CITY-S1-7IP TITLE 🔀 Delete TITLE ח NAME SIGMON, BOB NAME STREET ADDRESS STREET ADDRESS 877 QUEENS HARBOR BLVD CCTY - ST- 7IP JACKSONVILLE FL 32225 CITY-S1-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition D NAME BAKER, MIKE-STREET ADDRESS STREET ADDRESS 1435 EAST SILVER THORN LOOP CITY - ST-71P CITY-S1-ZIP HERNANDO FL 34442 Delete TITLE 🌠 Change ☐ Addition NAME BENNETT, RICHARD STREET ADDRESS STREET ADDRESS 19 NE 12TH COURT CHY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33909 TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TILLE ☐ Delele TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 the property as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 the property as required by Chapter 617, Florida Statutes.

empowered.

if changed, or on an attachment with

an address, with all other like

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