2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N14758

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

Current Principal Place of Business:

523 NW MONICA ST
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

523 NW MONICA ST
PORT ST LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 59-3301082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARON, RUSS
9915 DISCOVERY TERR.
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

WOLF, CRAIG
523 NW MONICA STREET
PORT SAINT LUCIE, FL 34983 US

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: CRAIG WOLF 02/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CARON, RUSS
Address: 9915 DISCOVERY TERRACE
City-St-Zip: BRADENTON, FL 34202 US

Title: D ( ) Delete
Name: WOLF, CRAIG
Address: 523 NW MONICA ST.
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete
Name: BAKER, MIKE
Address: 1435 EAST SILVER THORN LOOP
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete
Name: KLOTZ, RICK
Address: 231 PONCE DE LEON ST.
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG WOLF D 02/27/2009
Electronic Signature of Signing Officer or Director Date