

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14758

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**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:**

WOLF, CRAIG  
523 NW MONICA STREET  
PORT SAINT LUCIE, FL 34983 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: P  
Name: CARON, RUSS  
Address: 9915 DISCOVERY TERRACE  
City-St-Zip: BRADENTON, FL 34202 US

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

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

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

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: CRAIG V WOLF

D

01/27/2011

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

\_\_\_\_\_  
Date