

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N16764 (5)

1. Corporation Name

JACKSONVILLE CORVETTE CLUB, INC.



Principal Place of Business

11933 ELIZABETH ANN CT.  
JACKSONVILLE FL 32223  
US

Mailing Address

11933 ELIZABETH ANN CT.  
JACKSONVILLE FL 32223  
US

2. Principal Place of Business

21 1443 LEE ROAD  
Suite, Apt. #, etc.

2a. Mailing Address

26 1443 LEE ROAD  
Suite, Apt. #, etc.

City & State

23 JACKSONVILLE FL.

City & State

28 JACKSONVILLE FL.

Zip

24 32259

Country

25 USA

Zip

29 32259

Country

30 USA

3. Date Incorporated or Qualified  
09/11/1986

3a. Date of Last Report  
04/14/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAUSCH, LAWRENCE R.  
712 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BANNING, JACK  
STREET ADDRESS 399 DILLON DRIVE  
CITY-ST-ZIP ORANGE PARK FL 32073

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME GATZ, RAY  
STREET ADDRESS 4242 MELROSE AVE.  
CITY-ST-ZIP JACKSONVILLE FL

21 TITLE ☐ Change ☒ Addition  
22 NAME VP  
23 STREET ADDRESS DAVIS, RON  
24 CITY-ST-ZIP

TITLE P ☒ DELETE  
NAME ROBERT, RAY  
STREET ADDRESS 11933 ELIZABETH ANN CT.  
CITY-ST-ZIP JACKSONVILLE FL

31 TITLE ☐ Change ☒ Addition  
32 NAME P  
33 STREET ADDRESS HAYS, RON  
34 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME FRAZIER, MARY  
STREET ADDRESS 8145 SABLE WOODS DR. N.  
CITY-ST-ZIP JACKSONVILLE FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME FOGLE, CONNIE  
STREET ADDRESS 8725 COUNTRY CREEK BLVD  
CITY-ST-ZIP JACKSONVILLE FL

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE VP ☒ DELETE  
NAME MURFF, DON  
STREET ADDRESS 1443 LEE RD.  
CITY-ST-ZIP SWITZERLAND FL

61 TITLE ☒ Change ☐ Addition  
62 NAME P  
63 STREET ADDRESS MURFF, DON  
64 CITY-ST-ZIP 1443 LEE RD  
SWITZERLAND FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Don Murff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON MURFF

1-24-96

Date

904-287-6851

Daytime Phone #

CR2E037 (12/95)