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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000001757**

1. Corporation Name

SPRING HILL MUSCLE CAR CLUB OF FLORIDA, INC.

* 1 3 4 6 7 5 *
 134675 90120 43

Principal Place of Business

Mailing Address

4287 BELLEAIRE DR
 SPRING HILL FL 34607
 US

4287 BELLEAIRE DR
 SPRING HILL FL 34607
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/07/1994

23 City & State

27 City & State

4. FEI Number
 59-3277572

Applied For
 Not Applicable

24 Zip 25 Country

28 Zip 29 Country 30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICOLAI, JOE
 4287 BELLEAIRE DR
 SPRING HILL FL 34607

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
 NAME PATERNITI, FRANK
 STREET ADDRESS 3401 CULBREATH RD
 CITY-ST-ZIP BROOKSVILLE FL 34601

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DVP DELETE
 NAME MULDOON, HAROLD
 STREET ADDRESS 1223 LARKIN RD
 CITY-ST-ZIP SPRING HILL FL

2.1 TITLE Change Addition
 2.2 NAME *DVP Kurowski, Joe*
 2.3 STREET ADDRESS *9402 Lorandale Court*
 2.4 CITY-ST-ZIP *Spring Hill, Fl 34608*

TITLE DT DELETE
 NAME NICOLAI, JOE
 STREET ADDRESS 4287 BELLEAIRE DR
 CITY-ST-ZIP SPRING HILL FL 34607

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME EVANS, GERRY.
 STREET ADDRESS 5200 GRIFFIN RD
 CITY-ST-ZIP BROOKSVILLE FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DV DELETE
 NAME KNOWLTON, STEVE
 STREET ADDRESS 4281 BISCAYNE DR
 CITY-ST-ZIP SPRING HILL FL 34607

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

(352) 597-7000

Date

Daytime Phone #

CR2E037 (1/98)