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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N95000005628

1. Corporation Name

FIRST COAST CORVETTE ASSOCIATION, INC.

Principal Place of Business

6080 PARK STREET  
 JACKSONVILLE FL 32205

Mailing Address

POST OFFICE BOX 57671  
 JACKSONVILLE FL 32241-7671



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/27/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3035912

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRY, RONALD E  
 6080 PARK STREET  
 JACKSONVILLE FL 32205

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 PD  DELETE  
 NAME JOHNSON, DOUG  
 STREET ADDRESS 12158 BLACKFOOT COURT  
 CITY-ST-ZIP JACKSONVILLE FL 32223

1.1 TITLE PD  Change  Addition  
 1.2 NAME 5079 SAN CLERC PROS  
 1.3 STREET ADDRESS JAX FL 32217 J.C. Kersey  
 1.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME WYNTER, DAVID  
 STREET ADDRESS 6729 ALISMA LANE  
 CITY-ST-ZIP JACKSONVILLE FL 32244

2.1 TITLE VD  Change  Addition  
 2.2 NAME ANNE COE  
 2.3 STREET ADDRESS 8416 FT CAROLINE RD  
 2.4 CITY-ST-ZIP JAX. FL. 32277

TITLE TD  DELETE  
 NAME KANASZKA, THOMAS  
 STREET ADDRESS 1925 TANGLEWOOD RD.  
 CITY-ST-ZIP JACKSONVILLE-FL-32250

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

TITLE SD  DELETE  
 NAME HAVERKAMP, PHYLLIS  
 STREET ADDRESS 848 OCEAN BLVD  
 CITY-ST-ZIP ATLANTIC BEACH FL 32233

4.1 TITLE SD  Change  Addition  
 4.2 NAME LINDA REED  
 4.3 STREET ADDRESS 44 SOLANO RD.  
 4.4 CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Thomas Kanaszka* SIGNATURE REQUIRED THOMAS KANASZKA

2/10/99

904.2498405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)