


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N95000005628					
1. Entity Name FIRST COAST CORVETTE ASSOCIATION, INC.					
Principal Place of Business 1925 TANGLEWOOD RD JACKSONVILLE BEACH FL 32250			Mailing Address 1925 TANGLEWOOD ROAD JACKSONVILLE BEACH FL 32250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>59-3035912</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KANASZKA, THOMAS 1925 TANGLEWOOD RD JACKSONVILLE BEACH FL 32250			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	WILLIAMS, HERSCHELL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3747 PARK ST				NAME
STREET ADDRESS	JACKSONVILLE FL 33205				STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	VD	REED, RAY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 SOLANO RD				NAME
STREET ADDRESS	PONTE VEDRA BEACH FL 32082				STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	TD	KANASZKA, THOMAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1925 TANGLEWOOD RD.				NAME
STREET ADDRESS	JACKSONVILLE FL 32250				STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	SD	BEARD, ROBERT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4194 CHOKEBERRY RD				NAME
STREET ADDRESS	MIDDLEBURG FL 32068				STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY-ST-ZIP					CITY-ST-ZIP



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Thomas Kanaszka* **THOMAS KANASZKA 1/28/04 904-249-8405**