2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001035

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WINDERMERE, FL 34786

980 COUNRTY CLUB RD

SANDORD, FL 32773

EDWARDS, DAVID

() Delete

FILED Feb 22, 2009 Secretary of State

Entity Name: FLORIDA CITRUS REGION, PORSCHE CLUB OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business: 5932 CAYMUS LOOP WINDERMERE, FL 34786 US **Current Mailing Address: New Mailing Address:** 5932 CAYMUS LOOP WINDERMERE, FL 34786 US FEI Number: 59-2199317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILLIPS, JEFF GRIFFITH, ARDEN 1424 E 5TH AVE 5932 CAYMUS LOOP MOUNT DORA, FL 32757 WINDERMERE, FL 34786 US US 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: ARDEN GRIFFITH 02/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PHILLIPS, JEFF HENNINGS, CHUCK Name: Name: 1424 E 5TH AVE Address: 6079 TARAWOOD DRIVE Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: () Change () Addition OSTERHOUSE, HOWARD Name: Name: Address: 1426 VILLA COURT Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: () Delete Title: () Change () Addition GRIFFITH, ARDEN Name: Name: 5932 CAYMUS LOOP Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ARDEN GRIFFITH T 02/22/2009

() Change () Addition