FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33099** **(5)**

1. Corporation Name

MID-FLORIDA CORVETTE CLUB, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
PO BOX 773 LAKE MARY FL 32746	PO BOX 773 LAKE MARY FL 32746

3. Date Incorporated or Qualified: 07/05/1989
3a. Date of Last Report: 05/01/1994

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 105 Brierwood Dr.
27: Suite, Apt. #, etc.
28: City & State: Sanford FL
29: Zip: 32771
30: Country: USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, THOMAS C.
212 NORTH PARK AVENUE
SANFORD FL

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	COOMBS, LEWIS	12 NAME	
STREET ADDRESS	321 KIMBERLY COURT	13 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	SPENCE, JIM	22 NAME	
STREET ADDRESS	310 HIGH STREET	23 STREET ADDRESS	
CITY ST ZIP	OVIEDO FL	24 CITY ST ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, CAROL	32 NAME	
STREET ADDRESS	105 BRIERWOOD DRIVE	33 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	34 CITY ST ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	COOMBS, CAROL	42 NAME	
STREET ADDRESS	321 KIMBERLY CT	43 STREET ADDRESS	
CITY ST ZIP	SANFORD FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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.

SIGNATURE: Carol L. Stafford — Carol L. Stafford — 11-29-95 — (407)869-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031887