#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 712424** 

Entity Name: THE MIRACLE STRIP CORVETTE CLUB, INC.

**FILED** Jan 11, 2018 **Secretary of State** CC9409781925

# **Current Principal Place of Business:**

5590 NORTH W STREET MIRACLE STRIP CORVETTE CLUB ROOM PENSACOLA, FL 32505

### **Current Mailing Address:**

P.O. BOX 10332

PENSACOLA, FL 32524 US

FEI Number: 82-3878792 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

2867 BAY HEATHER CIRCLE

MARTINEZ, ERNEST G 7032 REDONDO DRIVE PENSACOLA, FL 32526 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:

Address

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

PD, PRESIDENT Title Title TD, DIRECTOR, TREASURER,

GOVERNOR

SD. SECRETARY

DIRECTOR, AT LARGE

GORDON, SCHAFER C. Name Name MARTINEZ, ERNEST G

> Address 7032 REDONDO DRIVE

City-State-Zip: GULF BREEZE FL 32563 City-State-Zip: PENSACOLA FL 32526-3663

Title VD. VP

Name MILLS, CAROL

Name KALIVODA, DIANE Address 5360 GALBERRY LANE

Address 6045 N. BLUE ANGEL PARKWAY GULF BREEZE FL 32563 City-State-Zip:

Title

Title

City-State-Zip: PENSACOLA FL 32526

Title OTHER, WEBMASTER

Name OLSON, MICHAEL

SCHMITT, MARK Name Address

6145 DREXEL ROAD 5716 WHISPERING WOODS DRIVE Address

City-State-Zip: PENSACOLA FL 32504 City-State-Zip: PACE FL 32571

I hereby 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 all other like empowered.

SIGNATURE: ERNEST G. MARTINEZ

TREASURER / **GOVERNOR** 

01/11/2018