

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002950

**Entity Name:** CAPE KENNEDY CORVETTE CLUB, INC.

**Current Principal Place of Business:**

3991 TRADEWINDS TRAIL  
MERRITT ISLAND, FL 32953-8076

**Current Mailing Address:**

PO BOX 540857  
MERRITT ISLAND, FL 32954 US

**FEI Number:** 23-7182695

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ISTVAN, MARYALICE DALY  
3991 TRADEWINDS TRAIL  
MERRITT ISLAND, FL 32953 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:** MARYALICE DALY ISTVAN

04/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ISTVAN, MARYALICE DALY  
Address        3991 TRADEWINDS TRAIL  
City-State-Zip: MERRITT ISLAND FL 32953

Title           SECRETARY  
Name           SALAZAR, DARLISSA  
Address        1949 SUN VALLEYNSTREET  
City-State-Zip: TITUSVILLE FL 32780

Title           BOARD MEMBER  
Name           DUYS, ZACHARY  
Address        1607 BAYSIDE ST  
                  #303  
City-State-Zip: MERRITT ISLAND FL 32952

Title           BOARD MEMBER  
Name           SCHWARTZ, ELLEN  
Address        2855 KNOX MCRAE DR.  
City-State-Zip: TITUSVILLE FL 32780

Title           PRESIDENT  
Name           GREENE, JANICE  
Address        6443 FLORA VISTA  
City-State-Zip: COCOA FL 32927

Title           VP  
Name           LEWIS, DALE  
Address        3225 HELMSDALE CT  
City-State-Zip: MELBOURNE FL 32940

Title           BOARD MEMBER  
Name           KASSEBAUM, BILL  
Address        3900 GRANTLINE ROAD  
City-State-Zip: MIMS FL 32754

*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:** MARYALICE DALY ISTVAN

**TREASURER**

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date