

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002950

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

**Current Principal Place of Business:**

1555 SATURN ST  
MERRITT ISLAND, FL 32953

**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:**

IDUATE, VIVIANA LOUISE  
1555 SATURN ST  
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:** VIVIANA L. IDUATE

02/09/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           IDUATE, VIVIANA LOUISE  
Address        1555 SATURN ST  
City-State-Zip: MERRITT ISLAND FL 32953

Title           PAST PRESIDENT  
Name           RANDY, ANDERSON  
Address        2097 NORTH SYKES CREEK DRIVE  
City-State-Zip: MERRITT ISLAND FL 32953

Title           SECRETARY  
Name           KASSEBAUM, FREDERICK  
Address        3900 GRANTLINE RD  
City-State-Zip: MIMS FL 32754

Title           VP  
Name           FRANKLIN, JOHN  
Address        206 STRATHMORE CIRCLE  
City-State-Zip: KISSIMMEE FL 34744-5436

Title           PRESIDENT  
Name           SHEARER, WILLIAM  
Address        1046 FAIRLAWN DR  
City-State-Zip: ROCKLEDGE FL 32955

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

Title           BOARD MEMBER  
Name           PATTERSON, JAMES  
Address        6080 BALTIMORE AVE  
City-State-Zip: COCOA FL 32927

*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:** VIVIANA L IDUATE

**TREASURER**

02/09/2021

Electronic Signature of Signing Officer/Director Detail

Date