

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008919

**Entity Name:** MID FLORIDA CORVETTE CLUB INC.

**Current Principal Place of Business:**

4701 OLD CANOE CREEK RD  
700872  
ST. CLOUD, FL 34770

**Current Mailing Address:**

P O BOX 700872  
SAINT CLOUD, FL 34769 US

**FEI Number: 01-0661957**

**Certificate of Status Desired: No**

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

MCKIM, DAVID F  
1742 COVEY CT.  
KISSIMMEE, FL 34744 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICHARDS, CHARLES  
Address        1872 NEPTUNE RD.  
City-State-Zip: KISSIMMEE FL 34744

Title            TREASURER  
Name            MCKIM, DAVID  
Address        1742 COVEY COURT  
City-State-Zip: KISSIMMEE FL 34744

Title            VP  
Name            PHILLIPS, CHARLIE  
Address        148 RANCHO MIRAGE DRIVE  
City-State-Zip: POINCIANA FL 34759

Title            SECRETARY  
Name            BEE, SHERI  
Address        1214 DELAWARE AVE  
City-State-Zip: KISSIMMEE FL 34744

*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: DAVID F. MCKIM**

**TREASURER**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date