## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300008919

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

## Name and Address of Current Registered Agent:

MCKIM, DAVID F 1742 COVEY CT. KISSIMMEE, FL 34744 US FILED Mar 05, 2018 Secretary of State CC3960271389

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

| Title           | PRESIDENT            | Title           | SECRETARY          |
|-----------------|----------------------|-----------------|--------------------|
| Name            | MOON, BILL           | Name            | BEERY, BETH        |
| Address         | 2950 ROBINS NEST CT. | Address         | 4900 OLD OAK TRAIL |
| City-State-Zip: | ST CLOUD FL 34772    | City-State-Zip: | ST CLOUD FL 34771  |
|                 |                      |                 |                    |
| Title           | TREASURER            |                 |                    |
| Name            | BEERY, BETH          |                 |                    |
| Address         | 4900 OLD OAK TRL.    |                 |                    |
| City-State-Zip: | ST CLOUD FL 34771    |                 |                    |

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: BETH BEERY

TREASURER

Date

Electronic Signature of Signing Officer/Director Detail

Date