

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14758

Entity Name: ORLANDO DISTRICT FORD PARTS AND SERVICE CLUB, INC.**Current Principal Place of Business:**3156 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952**Current Mailing Address:**3156 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952 US**FEI Number:** 59-3301082**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GARY FILEMAN, CPA PA
201 W MARION AVE
SUITE 1208
PUNTA GORDA, FL 33950 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:** GARY T. FILEMAN

04/30/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name HANCOCK, JAMES
Address 1060 BLUFFS CIRCLE
City-State-Zip: DUNEDIN FL 34698

Title OFFICER
Name ROMANO, VINCE
Address 2345 NURSERY ROAD
City-State-Zip: CLEARWATER FL 33764

Title OFFICER
Name WISE, SHELDON
Address 349 SHARWOOD DRIVE
City-State-Zip: TAMIAMI FL 34110

Title OFFICER
Name KLEIN, BILL
Address 3039 SE HIGHWAY 70
City-State-Zip: ARCADIA FL 34266

Title TREASURER
Name DOYAL, JIMMIE LEE JR.
Address 3156 TAMIAMI TRL
City-State-Zip: PORT CHARLOTTE FL 33952

Title OFFICER
Name GRUBBS, RAY
Address 1420 NORTH TOMOKA FARMS ROAD
City-State-Zip: DAYTONA BEACH FL 32124

Title OFFICER
Name KEENE, BARRY
Address 1420 N TOMOKA FARMS RD
City-State-Zip: DAYTONA BEACH FL 32124

Title PRESIDENT
Name GODFREY, BILL
Address 707 SOUTH WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

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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: JIMMIE L. DOYAL

TREASURER

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name ROBERTS, ED
Address 1141 GARRISON DR
City-State-Zip: ST AUGUSTINE FL 32092

Title OFFICER
Name COUGHLIN, JEFF
Address 2000 EAST BAKER ST
City-State-Zip: PLANT CITY FL 33563

Title SECRETARY
Name JORDAN, RICHARD
Address 1616 CASSAT AVE
City-State-Zip: JACKSONVILLE FL 32210

Title OFFICER
Name KIDD, JOE
Address 3000 CHENEY HWY
City-State-Zip: TITUSVILLE FL 32780

Title OFFICER
Name PADRO, SUSAN
Address 1551 E SEMORAN BLVD
City-State-Zip: APOPKA FL 32703