2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2018
Secretary of State
CC9587923394

DOCUMENT# N14758

Entity Name: ORLANDO DISTRICT FORD PARTS AND SERVICE CLUB, INC.

Current Principal Place of Business:

523 NW MONICA ST
PORT ST LUCIE, FL 34983

Current Mailing Address:

523 NW MONICA ST
PORT ST LUCIE, FL 34983 US

FEI Number: 59-3301082

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOLF, CRAIG
523 NW MONICA STREET
PORT SAINT LUCIE, FL 34983 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	TREASURER, DIRECTOR
Name	WOLF, CRAIG
Address	523 NW MONICA ST.
City-State-Zip:	FORT PIERCE FL 34982

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

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

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

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

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

Title	SECRETARY
Name	DOYAL, LEE
Address	3156 TAMIAMI TRL
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	OFFICER
Name	WARNER, HOWARD
Address	2901 HIGHWAY 44 W
City-State-Zip:	INVERNESS FL 34453

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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: CRAIG V WOLF TREASURER 03/25/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	OFFICER
Name	KEENE, BARRY
Address	7700 BLANDING BLVD
City-State-Zip:	JACKSONVILLE FL 32244