

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001717

**Entity Name:** MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SECTION, INC.**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**7742594471CC****Current Principal Place of Business:**6354 FOREST STUMP LN  
JACKSONVILLE, FL 32258-1136**Current Mailing Address:**6354 FOREST STUMP LANE  
JACKSONVILLE, FL 32258-1136 US**FEI Number: 59-3444820****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KEENER, GARY S  
6354 FOREST STUMP LN.  
JACKSONVILLE, FL 32258-1136 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 S. KEENER****04/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	KEENER, GARY S
Address	6354 FOREST STUMP LN.
City-State-Zip:	JACKSONVILLE FL 32258-1136

Title	TREASURER
Name	KEENER, JACQUELINE M
Address	6354 FOREST STUMP LN
City-State-Zip:	JACKSONVILLE FL 32258-1136

Title	SECRETARY
Name	HICKEY, ROBERT
Address	55 PALISADE DR.
City-State-Zip:	SAINT AUGUSTINE FL 32092-0000

Title	DIRECTOR
Name	ROTATORI, JEFF
Address	2968 PRINCESS AMELIA CT
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	MALPARTIDA, CARLOS
Address	11906 NW 274TH PLACE
City-State-Zip:	ALACHUA FL 32615-3528

Title	DIRECTOR, EX-OFFICIO
Name	JACKSON, CHASE W
Address	2356 FOXHAVEN DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32224-3099

Title	DIRECTOR, EX-OFFICIO
Name	WOMMER, DAVID M
Address	3880 CHAPELGATE RD.
City-State-Zip:	JACKSONVILLE FL 32223-8772

Title	DIRECTOR
Name	ALLEN, JOHN
Address	252 KINGSTON DR.
City-State-Zip:	ST. AUGUSTINE FL 32084-1379

**Continues on page 2**

*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: GARY S. KEENER****PRESIDENT****04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GALINDEZ, DYLAN
Address	420 TREATY OAK LANE
City-State-Zip:	ST. AUGUSTINE FL 32092-1446