

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702512

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** ECURIE VITESSE SPORTS CAR CLUB OF KEY WEST, INC.

**Current Principal Place of Business:**

1432 KENNEDY DRIVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

1432 KENNEDY DRIVE  
KEY WEST, FL 33040 US

**Current Mailing Address:**

1432 KENNEDY DRIVE  
KEY WEST, FL 33040

**New Mailing Address:**

1432 KENNEDY DRIVE  
KEY WEST, FL 33040 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FULLER, NORMAN  
1432 KENNEDY DRIVE  
KEY WEST, FL 33040 US

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

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

**OFFICERS AND DIRECTORS:**

Title: BOD ( ) Delete  
Name: FULLER, NORMAN  
Address: 1432 KENNEDY DR  
City-St-Zip: KEY WEST, FL 33040

Title: PRE ( ) Delete  
Name: HARRISON, DUSTIN  
Address: 1249 AVENUE B  
City-St-Zip: BIG PINE KEY, FL 33043

Title: VP ( ) Delete  
Name: MCCOLLUM, SCOTT  
Address: 2907 FOGARTY AVE  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: BELL, JIM  
Address: 30233 PINE WAY  
City-St-Zip: BIG PINE KEY, FL 33040

Title: T (X) Delete  
Name: LEAKE, FRED  
Address: 611 MARGARET ST  
City-St-Zip: KEY WEST, FL 33040

Title: BOD ( ) Delete  
Name: TAYLOR, ERNEST  
Address: 22960 PRIVATEER DR  
City-St-Zip: CUDJOE KEY, FL 33042

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: FULLER, NORMAN  
Address: 1432 KENNEDY DR  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN FULLER

T

01/05/2008

Electronic Signature of Signing Officer or Director

Date