

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702512

FILED
Jan 13, 2009
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 US

New Principal Place of Business:

Current Mailing Address:

1432 KENNEDY DRIVE
KEY WEST, FL 33040 US

New Mailing Address:

PO BOX 2365
KEY WEST, FL 33045 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: T () 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: BOD () Delete
Name: TAYLOR, ERNEST
Address: 22960 PRIVATEER DR
City-St-Zip: CUDJOE KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

01/13/2009

Electronic Signature of Signing Officer or Director

Date