## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 22, 2006 8:00 am **Secretary of State DOCUMENT #712392** 03-22-2006 90004 026 \*\*\*\*61.25 NORTH FLORIDA CORVETTE ASSOCIATION. INCORPORATED Principal Place of Business Mailing Address 10880 PHILLIPS HWY. S. 465 SALTBUSH CT. JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32225 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2950338 Applied For Not Applicable Zįp Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, MARY Street Address (P.O. Box Number is Not Acceptable) 465 SALTBUSH CT. JACKSONVILLE, FL 32225 City Zio Code 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 Make check payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change **Addition** Delete TITLE TITLE McCombs, Dale E. MONTGOMERY, MANUEL NAME NAME 465 Salfbush CT. STREET ADDRESS **12313 CARON DR** STREET ADDRESS JACKSONVILLE, FL 32258 CITY-ST-ZIP Jacksonville, FL CITY-ST-7IP 32225 Delete TITLE ☐ Change ☐ Addition SMITH, MARY NAME 465 SALTBUSH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition WAY, HARRY NAME NAME STREET ADDRESS 3039 DALEHURST DR W STREET ADDRESS JACKSONVILLE, FL 32277 CITY-ST-7P CITY-ST-7P ☐ Change ☐ Addition TITI F ☐ Delete HOLSONBACK, TOM NAME NAME STREET ADDRESS 1077 INGLESIDE AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205 CITY-ST-ZIP Delete TITLE ☐ Chance ☐ Addition TITLE NAME ANDERSON, BARBARA STREET ADDRESS 3750 BEAUCLERC RD. STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.