

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712392

FILED
Jan 04, 2007
Secretary of State

Entity Name: NORTH FLORIDA CORVETTE ASSOCIATION, INCORPORATED

Current Principal Place of Business:

10880 PHILLIPS HWY. S.
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

465 SALTBUSH CT.
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2950338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MARY
465 SALTBUSH CT.
JACKSONVILLE, FL 32225 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: D () Delete
Name: MCCOMBS, DALE E
Address: 465 SALTBUSH CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: SMITH, MARY
Address: 465 SALTBUSH CT.
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: WAY, HARRY
Address: 3039 DALEHURST DR W
City-St-Zip: JACKSONVILLE, FL 32277

Title: VD () Delete
Name: HOLSONBACK, TOM
Address: 1077 INGLESIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD () Delete
Name: ANDERSON, BARBARA
Address: 3750 BEAUCLERC RD.
City-St-Zip: JACKSONVILLE, FL 32257

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 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: DALE E. MCCOMBS

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date