2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# 726689

Entity Name: CENTRAL FLORIDA CORVETTE ASSOCIATION INC

Current Principal Place of Business:

1049 WEAVER DRIVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1049 WEAVER DRIVE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 23-7430826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAVLIC, ARLENE TD
1049 WEAVER DRIVE
OVIEDO, FL 32765 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: PD
Name: ADAMS, MARCUS PD
Address: 4156 EVANDER DR.
City-St-Zip: ORLANDO, FL 32812

Title: VD
Name: VANASSE, ROBERT VD
Address: 230 LOCHMOND DR.
City-St-Zip: CASSELBERRY, FL 32730

Title: SD
Name: WILLIAMS, DELANA SD
Address: 361 W. KINGS WAY
City-St-Zip: WINTER PARK, FL 32789

Title: TD
Name: PAVLIC, ARLENE TD
Address: 1049 WEAVER DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: PAVLIC, DUANE M CD
Address: 1049 WEAVER DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: ADAMS, MARGARET MD
Address: 4156 EVANDER DRIVE
City-St-Zip: ORLANDO, FL 32812

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: ARLENE PAVLIC TD 02/07/2012

Electronic Signature of Signing Officer or Director Date