FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:10

DOCUMENT # 731477 (6)

1. Corporation Name
BAY AREA CORVETTE CLUB, INC.

Principal Place of Business	Mailing Address
7800B 46TH AVENUE, NORTH ST. PETERSBURG FL 33709 US	7800B 46TH AVENUE, NORTH ST. PETERSBURG FL 33709 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1974
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-2722139 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WUNDERLE, MARGARET A.
7800B 46TH AVENUE, NORTH
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	JUSTI, ALEX	1.2 NAME	SANDRA PELOTE
STREET ADDRESS	4501 DREISLER STREET	1.3 STREET ADDRESS	1873 DAWN DR
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	CLEARWATER FLA 34623
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	WILCOXON, GARY	2.2 NAME	VERLING GENTILE
STREET ADDRESS	1518 HUNTER LANE S.	2.3 STREET ADDRESS	2599 COUNTRYSIDE BLVD #102
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FLA 34621
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	HILDEBRAND, PATTY	3.2 NAME	CHERYL HUTTON
STREET ADDRESS	672 16TH WAY	3.3 STREET ADDRESS	4415 7TH ST. SO.
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	ST PETE, FLA 33705
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WUNDERLE, MARGARET A.	4.2 NAME	SAME
STREET ADDRESS	7800B 46TH AVENUE, NORTH	4.3 STREET ADDRESS	NO CHANGE
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret A Wunderle — MAR. 5, 95 — 813-547-7894
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON BEHALF OF CORPORATION — Date — Daytime Phone #
MARGARET A WUNDERLE

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