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

APPROVED AND FILED
1995 MAR 14 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 738718 (6)

1. Corporation Name
TITUSVILLE CORVETTE CLUB, INC.

Principal Place of Business	Mailing Address
1660 KEMBERLY AVE. TITUSVILLE FL 32796	1660 KEMBERLY AVE. TITUSVILLE FL 32796

3. Date Incorporated or Qualified: 04/18/1977
3a. Date of Last Report: 07/07/1994
4. FEI Number: 59-1743414 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4005 GROVEWOOD LANE	26 4005 GROVEWOOD LANE
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 TITUSVILLE FL	City & State 28 TITUSVILLE FL
Zip 24 32780 Country 25 USA	Zip 29 32780 Country 30 USA

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

9. Name and Address of Current Registered Agent

SOWASH, ALBIN L.
160 KEMBERLY AVE.
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name: YVONNE PARKER
82 Street Address (P.O. Box Number is Not Acceptable): 4005 GROVEWOOD LANE
83
84 City: TITUSVILLE FL 85 Zip Code: 32780

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: Yvonne Parker YVONNE PARKER - PRESIDENT 2-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SOWASH, ALBIN L.	1.2 NAME	PARKER, YVONNE	
STREET ADDRESS	1660 KEMBERLY AVE.	1.3 STREET ADDRESS	4005 GROVEWOOD LANE	
CITY-ST-ZIP	TITUSVILLE FL 32796	1.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	TREADWAY, CINDY	2.2 NAME	PARISO, GEORGE	
STREET ADDRESS	4840 ALFRED ST.	2.3 STREET ADDRESS	4048 GRANTLINE ROAD	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	MIMS FL 32754	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	DONAH, JERRY	3.2 NAME	HENRY, CHERYL	
STREET ADDRESS	4120 SONG DR.	3.3 STREET ADDRESS	1595 DATE DRIVE	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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	VP	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3-14	

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: Geo F Pariso - George Pariso - TREASURER 3-7-95 407-269-5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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