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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 738718 (6)

1. Corporation Name

TITUSVILLE CORVETTE CLUB, INC.

Principal Place of Business

2124 INDIAN RIVER DR
COCOA FL 32922

Mailing Address

4005 GROVEWOOD LANE
TITUSVILLE FL 32780-5967



3. Date Incorporated or Qualified
04/18/1977

3a. Date of Last Report
04/06/1996

2. Principal Place of Business

21 48 FAIRGLEN DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
59-1743414

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 TITUSVILLE, FL.

City & State

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

24 32746

25 U.S.A.

Zip

Country

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUN, ALLEN
2124 N. INDIAN RIVER DR
COCOA FL 32922

81 Name Bobby E. ESTES

82 Street Address (P.O. Box Number is Not Acceptable)
48 FAIRGLEN DR.

83

84 City TITUSVILLE

FL

85 Zip Code 32746

1. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Bobby E. ESTES, PRESIDENT

Bobby E. Estes

2/1/97

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 ☒ DELETE
NAME LOUN, ALLEN
STREET ADDRESS 2124 N. INDIAN RIVER DR
CITY-ST-ZIP COCOA FL 32922

1.1 TITLE P/D PRESIDENT P/D ☒ Change ☐ Addition
1.2 NAME Bobby E. ESTES
1.3 STREET ADDRESS 48 FAIRGLEN DR.
1.4 CITY-ST-ZIP TITUSVILLE, FL. 32746

TITLE TD ☒ DELETE
NAME PARISO, GEORGE
STREET ADDRESS 4048 GRANTLINE RD.
CITY-ST-ZIP MIMS FL 32754

2.1 TITLE T/D TREASURER T/D ☒ Change ☐ Addition
2.2 NAME YVONNE PARKER
2.3 STREET ADDRESS 4005 GROVEWOOD LANE
2.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

TITLE SD ☒ DELETE
NAME LOUN, BETTY
STREET ADDRESS 2124 N. INDIAN RIVER DR
CITY-ST-ZIP COCOA FL 32922

3.1 TITLE S/D SECRETARY S/D ☒ Change ☐ Addition
3.2 NAME ANN GILES
3.3 STREET ADDRESS 6115 BARNA AVE.
3.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: Bobby E. ESTES

2/1/97 (407)633-3670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015080

CR2E037 (9/96)