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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738718** (6)

1. Corporation Name

TITUSVILLE CORVETTE CLUB, INC.

Principal Place of Business

Mailing Address

**48 FAIRGLEN DR
TITUSVILLE FL 32796
US**

**4005 GROVEWOOD LANE
TITUSVILLE FL 32780**

2. Principal Place of Business

2a. Mailing Address

21 463 Guava Ave

26 P.O. Box 3233

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Titusville, FL

28 Titusville, FL

Zip

Zip

24 32796

29 32781-3036

Country

Country

25 Brevard

30 Brevard

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1977

4. FEI Number

59-1743414

Applied For

Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Marcella L. Gay

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

463 Guava Ave

83

84 City

Titusville

FL

85 Zip Code

32796

11. 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 **Marcella L. Gay (P)**

Marcella L. Gay

Feb. 3, 1998

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOBBY E ESTES	
STREET ADDRESS	48 FAIRGLEN DR	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	YVONNE PARKER	
STREET ADDRESS	4005 GROVE WOOD LANE	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANN GILES	
STREET ADDRESS	6115 BARNA AVE	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marcella L. Gay	
1.3 STREET ADDRESS	463 Guava Ave	
1.4 CITY-ST-ZIP	Titusville, FL 32796	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rusty Williams	
2.3 STREET ADDRESS	3365 Melody Lane	
2.4 CITY-ST-ZIP	Titusville, FL 32796	

3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Yvonne Parker	
3.3 STREET ADDRESS	4005 Grove Wood Lane	
3.4 CITY-ST-ZIP	Titusville, FL 32780	

4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Frene Clifford	
4.3 STREET ADDRESS	1350 Killearn Dr.	
4.4 CITY-ST-ZIP	Titusville, FL 32780	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: **Marcella L. Gay**

Feb. 3, 1998 (407) 268-2576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)