## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 738718**

Corporation Name

TITUSVILLE CORVETTE CLUB, INC.

## FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90242 010 \*\*\*\*61.25

-----

Principal Place	of Business	Mailing Address			
463 GUAVA AVENUE P. O. BOX 3036 TITUSVILLE FL 32796 US US US US US US 0. BOX 3036 TITUSVILLE FL 32781-3036 US					
2. Principal Pl	ace of Business  3 FAITUIEW DR	2a. Mailing Address 26 SAme AS A	bove	3. Date Incorporated or Qualifed 04/18/1977	
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number 59-1743414	Applied For
22		Cib. 8 State		39-1743414	Not Applicable \$8.75. Additional
City & State	bourne, FL	City & State		5. Certificate of Status Desired	Fee Required
Zip 329	34 Country Brevard		Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regist	ered Agent
81 Name 6				George E Johnson	n
				Address (P.O. Box Number is Not Acceptable)	
	A AVENUE		83 217	12 Fairnia De	
TITUSVILL	E FL 32796		3/7	13 PAIRVIEW DR	
			84 City 7	nelbourne	FL 85 32934
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 poard 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	Signature, typed or printed name of registered agen	Landilla (Landilla Julia Landilla Landi	stered Agent Signature	guired when reinstating) DA	TE TE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE	PD - TI	. Change Addition
NAME	GAY, MARCELLA L.		1.2 NAME	George E Johnson	
STREET ADDRESS	463 GUAVA AVENUE		1.3 STREET ADDRESS	3173 FAITURE DE	32934
CITY-ST-ZIP	TITUSVILLE FL 32796		1.4 CITY+ST-ZIP  2.1 TITLE	YMEIDOWNE FL 2	Change ☐ Addition
TITLE	TD Yvonne Parker	_	2.2 NAME	De Milliams	
NAME STREET ADDRESS	4005 GROVE WOOD LANE		2.3 STREET ADDRESS	23/5 Melody LN	
CITY-ST-ZIP	TITUSVILLE FL		2. 4 CITY-ST-ZIP	Titusville FU 327	96 
TITLE	VD	☐ DELETE	3.1 TITLE	TD: mass	Change  Addition
NAME	WILLIAMS, RUSTY		3.2 NAME	Henry MAAS	Dた ドレ 32780
STREET ADDRESS	3365 MELODY LANE		3.3 STREET ADDRESS	5095 Kivered To	FU 32780
CITY-ST-ZIP	TITUSVILLE FL 32796	☐ DELETE	3.4. CITY-ST-ZIP	- 111NSource 1	Change Addition
TITLE	TD VVONNE	Ŭ OECE IE	4.1 TITLE 4.2 NAME	Stanca Harris was	
NAME	PARKER, YVONNE   4005 GROVEWOOD LANE			Jesse Harrison Way	20 20
CITY-ST-ZIP	TITUSVILLE FL 32780		4.4 CITY-ST-ZIP	7265 Windower We F	321180
TITLE	SD		5.1 TITLE		☐ Change ☐ Addition
NAME	CLIFFORD, IRENE		5.2 NAME		
STREET ADDRESS	1350 KILLEARN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32780		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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, with all other like empowered.

**SIGNATURE** 

LUGU (U) THE DEPRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3 march 99 (401) 253 9640

:R2E037 (11/98)