

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90016 039 \*\*\*\*61.25

**DOCUMENT # 738718**

1. Entity Name  
**TITUSVILLE CORVETTE CLUB, INC.**



Principal Place of Business  
**2947 MONTESINO DRIVE**  
**ROCKLEDGE, FL 32955 US**

Mailing Address  
**P. O. BOX 3036**  
**TITUSVILLE, FL 32781-3036 US**

02010016

2. Principal Place of Business  
**3947 Montesino Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 725**  
Suite, Apt. #, etc.



02022004 Chg-NP CR2E037 (10/03)

City & State  
**Rockledge, FL**  
Zip Country  
**32955 USA**

City & State  
**Titusville, FL**  
Zip Country  
**32781-0725 USA**

4. FEI Number  
**59-1743414**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRISSOM, TOBY**  
**3947 MONTESINO DRIVE**  
**ROCKLEDGE, FL 32955**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Toby Grissom* **TOBY GRISSOM / PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2/2/04**  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GRISSOM, TOBY	3947 MONTESINO DR	ROCKLEDGE, FL 32955	<input type="checkbox"/>
VD	JOHNSON, GEORGE	3973 FAIRVIEW DRIVE	MELBOURNE, FL 32934	<input checked="" type="checkbox"/>
TD	PARKER, YVONNE	4005 GROVEWOOD LANE	TITUSVILLE, FL 32780	<input type="checkbox"/>
SD	MARCELLA, GAY	463 GUAVA AVE	TITUSVILLE, FL 32796	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MC Coy, Marsha	6970 Bryant Road	Cocoa, FL 32927	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yvonne Parker* **YVONNE PARKER / Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-03-2004** **321-867-8811**  
Date Daytime Phone #