

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738718

FILED
Feb 16, 2009
Secretary of State

Entity Name: TITUSVILLE CORVETTE CLUB, INC.

Current Principal Place of Business:

3947 MONTESINO DRIVE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

1119 MACOM DR
TITUSVILLE, FL 32780 US

Current Mailing Address:

P. O. BOX 725
TITUSVILLE, FL 327810725 US

New Mailing Address:

FEI Number: 59-1743414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISSOM, TOBY
3947 MONTESINO DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

MICKLE, ROBERT
1119 MACOM DR
TITUSVILLE, FL 32780 US

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.

SIGNATURE: ROBERT MICKLE

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRISSOM, TOBY
Address: 3947 MONTESINO DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: GRISSOM, KENNETH
Address: 4500 HICKORY HILL BVD
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: GRISON, IRENE
Address: 3947 MONTISINO DR
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MICKLE, ROBERT
Address: 1119 MACOM DR
City-St-Zip: TITUSVILLE, FL 32780

Title: TD (X) Change () Addition
Name: HARRIS, JESSE
Address: 7265 WINDOVER WAY
City-St-Zip: TITUSVILLE, FL 32780

Title: SD (X) Change () Addition
Name: GRISSOM, IRENE
Address: 3947 MONTISINO DR
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MICKLE

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date