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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005635 (5)

1. Corporation Name

SATURN CARCLUB OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

670 N HWY 17-92
LONGWOOD FL 32750-3200

670 N HWY 17-92
LONGWOOD FL 32750-3200



3. Date Incorporated or Qualified

10/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

APPLIED FOR 59-3405473

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

HACKETT, D KIM
670 N HWY 17-92
LONGWOOD FL 32750-3200

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SIMMONS, ROGER JR
STREET ADDRESS 6303 APPAIN WAY
CITY-ST-ZIP ORLANDO FL 32807

TITLE DV
NAME AMBUSH, TONY
STREET ADDRESS 670 N HWY 17-92
CITY-ST-ZIP LONGWOOD FL 32750-3200

TITLE D
NAME GOODRICH, MARJORIE
STREET ADDRESS 670 N HWY 17-92
CITY-ST-ZIP LONGWOOD FL 32750-3200

TITLE DS
NAME GARRICK, JENNIE M
STREET ADDRESS 635-109 RED OAK CIR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE DS
NAME GUEVARA, NANCY L
STREET ADDRESS 4949 COURTLAND LOOP
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE DT
NAME WOODRUFF, DAVID T
STREET ADDRESS 504 W AMELIA ST
CITY-ST-ZIP ORLANDO FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P
1.2 NAME LEWIS, TERRY L.
1.3 STREET ADDRESS 6351 BROOKHILL CIR.
1.4 CITY-ST-ZIP ORLANDO, FL 32810

2.1 TITLE D/V
2.2 NAME ARIOTTI, SCOTT R.
2.3 STREET ADDRESS 940 DOUGLAS AVE. #188
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

3.1 TITLE D/S
3.2 NAME KOON, ANNE E.
3.3 STREET ADDRESS 2434 ECON CIR. APT. 148
3.4 CITY-ST-ZIP ORLANDO FL 32817

4.1 TITLE D/HISTORIAN
4.2 NAME MILLER, JOSEPH W.
4.3 STREET ADDRESS 5711 PADGETT CIR.
4.4 CITY-ST-ZIP ORLANDO, FL 32839

5.1 TITLE D
5.2 NAME SIMMONS, ROGER JR.
5.3 STREET ADDRESS 6303 APPAIN WAY
5.4 CITY-ST-ZIP ORLANDO FL 32807

6.1 TITLE D
6.2 NAME AMBUSH, TONY
6.3 STREET ADDRESS 1002 JOSHUA CREEK CT.
6.4 CITY-ST-ZIP OVIEDO FL 32765

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: David T Woodruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97 (407)649-8051

Date

Daytime Phone # 0013978

CR2E037 (9/96)