

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90165 023 ****61.25

DOCUMENT # F96000005929

1. Entity Name
GULF COAST SATURN CARCLUB, INC.



Principal Place of Business
**6300 PENSACOLA BOULEVARD
PENSACOLA, FL 32505**

Mailing Address
**6300 PENSACOLA BOULEVARD
PENSACOLA, FL 32505**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-3410889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, CHARLES R
8316 TABAID LANE
PENSACOLA, FL 32506**

Name
SHECKART, GLENN M.
Street Address (P.O. Box Number is Not Acceptable)
3741 Cornerbrook Drive

City
Pace

FL

Zip Code
32571

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

Glenn M. Shekart

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

(NOTE: Registered Agent signature required when reinstating)

DATE

28 APRIL 2006

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYES, CHARLES R
8316 TABAID LANE
PENSACOLA, FL 32506** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHECKART, GLENN M.
3741 CORNERBROOK DR.
PACE, FL, 32571** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MORRIS, CHRISTINA
5516 BORDEN RD
MILTON, FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MORRIS, WALLACE
5516 BORDEN RD.
MILTON, FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HANNUM, HENRY
5513 ROWELL ROAD
MILTON, FL, 32583** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SHECKART, CAROLE
3741 CORNERBROOK DR
PACE, FL 32571** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCMANAMY, PARMELIE
10110 SUNDAY ROAD
CANTONMENT, FL, 32533** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHECKART, GLENN B
3741 CORNERBROOK DR
PACE, FL 32571** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Glenn M. Shekart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN M. SHEKART

4-28-06 850-994-9221

Date

Daytime Phone #