2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90571 022 ****61.25

DOCUMENT # N00000008142

1. Entity Name
LOYAL ORDER OF VOLKSWAGEN ENTHUSIASTS, INC.

400036629

Principal Place of Business	Mailing Address
4432 PALM BEACH BOULEVARD FORT MYERS, FL 33905	P O BOX 60486 FORT MYERS, FL 33906-6486

04112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1061605 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASAP ACCOUNTING AND TAX SPECIALISTS, INC.
13180 N. CLEVELAND AVENUE
SUITE #305
NORTH FORT MYERS, FL 33903

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	P SHEPARD, RALPH 18670 TELEGRAPH CREEK LN ALVA, FL 33920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPARD, RALPH 18670 TELEGRAPH CREEK LN ALVA, FL. 33920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TEAGUE, ROBERT 8417 CYPRESS DR. S FORT MYERS, FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TEAGUE, ROBERT 8417 CYPRESS DR, S. FT. MYERS, FL. 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LENTZ, RICHARD 806 S E 32ND STREET CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACOBS, JERALD O 1263 GOLDEN LAKE RD, LOT 95 FT. MYERS, FL. 33905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEE, HANNELORE 9781 LAS CASAN DR. FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, ROBERT 511 WOOD AVE. FT. MYERS, FL. 33905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, TANYA 511 WOOD AVE FORT MYERS, FL 33905	☒ 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 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: Richard E Lentz RICHARD E. LENTZ TREASURER 4/15/05 239-458-1819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #