

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90278 026 ****61.25

DOCUMENT # N01000004384

1. Entity Name
FLORIDA CORVETTE CLUB, INC.



Principal Place of Business
**1006 TEAGUE CT
OVIEDO, FL 32765**

Mailing Address
**1006 TEAGUE CT
OVIEDO, FL 32765**

Cindy Shepherd

Cindy Shepherd

2. Principal Place of Business
261 S FAIRBAIN DR

3. Mailing Address
268 S FAIRBAIN DR

Suite, Apt. #, etc.
DELTONA, FL

Suite, Apt. #, etc.
DELTONA, FL



02112006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3733704

Applied For
Not Applicable

Zip
32725

Country
USA

Zip
32725

Country
USA

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

**SMITH, CARL M
1006 TEAGUE CT
OVIEDO, FL 32765**

Name
Cindy Shepherd
Street Address (P.O. Box Number is Not Acceptable)
268 S. FAIRBAIN DR
DELTONA
City
FL Zip Code
32725

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 **Cindy Shepherd**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-06

**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
**P
WHALEY, JOHN
109 YORKTOWN PLACE
SANFORD, FL 32771** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SMITH, CARL M
1006 TEAGUE CT
OVIEDO, FL 32765** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Shepherd, Cindy
268 S. FAIRBAIN DR.
DELTONA, FL 32725** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JESSING, LISA
25846 VERO ST
SORRENTO, FL 32776** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
STANLEY, ELAINE
26133 TROON AVE.
SORRENTO, FL 32776** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WHALEY, GINA
109 YORKTOWN PLACE
SANFORD, FL 32771** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BULLOCK, REGINA
2631 NEW JERSEY RD.
LAKELAND, FL 33803** ☐ 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:

Cindy Shepherd

3-26-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #