

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004384

FILED
Apr 30, 2008
Secretary of State

Entity Name: FLORIDA CORVETTE CLUB, INC.

Current Principal Place of Business:

261 S FAIRBAIRN DR
ATNN: CINDY SHEPHERD
DELTONA, FL 32725

New Principal Place of Business:

5234 OHIO STREET
ATNN: STEFANIE LABORDE
WINTER PARK, FL 32792

Current Mailing Address:

261 S FAIRBAIRN DR
ATNN: CINDY SHEPHERD
DELTONA, FL 32725

New Mailing Address:

5234 OHIO STREET
ATNN: STEFANIE LABORDE
WINTER PARK, FL 32792

FEI Number: 59-3733704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPHERD, CINDY
268 S FAIRBAIRN DR
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

LABORDE, STEFANIE TRES
5234 OHIO STREET
WINTER PARK, FL 32792 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: STEFANIE LABORDE

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JESSING, LISA
Address: 25846 VERO ST
City-St-Zip: SORRENTO, FL 32776

Title: DT () Delete
Name: SHEPHERD, CINDY
Address: 268 S FAIRBAIRN DR
City-St-Zip: DELTONA, FL 32725

Title: VP () Delete
Name: SIDORCHUK, PATRICK
Address: 367 STILL FOREST TERRACE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: STEVENS, SUSAN
Address: 1428 WOLTON WAY
City-St-Zip: ORLANDO, FL 32822

Title: D (X) Delete
Name: STEVENS, SUSAN
Address: 1428 NORTON WAY
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: LABORDE, STEFANIE
Address: 5234 OHIO STREET
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STEVENS, SUSAN
Address: 1428 NOLTON WAY
City-St-Zip: ORLANDO, FL 32822

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEFANIE LABORDE

DT

04/30/2008

Electronic Signature of Signing Officer or Director

Date