2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # N0200001290 1. Entity Name MODEL T FORD CLUB OF CENTRAL FLORIDA, INC.					01-22-200	8 90042 030 *	***61.	25	
Principal Place of Business 2461 WEST STATE ROAD 426 SUITE 1001 OVIEDO, FL 32765 Mailing Address 2461 WEST STATE ROAD SUITE 1001 OVIEDO, FL 32765			MD 426		III 6801 010 110 880 860				
2. Principal Pla	ace of Business - No P.O. Box #	3. Mailing Address			BIN BENIK MBIN BENIK BEN <u>i</u> y	######################################			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172008	Chg-NP	CR2E037 (12	2/06)		
City & State		City & State		4. FEI Nun 59-37	ber 68535			Applicable	
Zip	Country	Zip	Country	5. Certifica	te of Status Desire		75 Addit Required		
	6. Name and Address of Current	t Registered Agent		7. Name a	nd Address of Ne	w Registered Agent			
MALHAFETY JOUND ESO			Name	Name					
MAHAFFEY, JOHN D ESQ. 2461 WEST STATE RODA 426 SUITE 1001			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
OVIEDO, FL 32765									
			City		<u> </u>	FL	ip Code		
	named entity submits this statement for one of registered agent.	or the purpose of changing its	registered office or	registered agent, or	ooth, in the State o	l Florida. I am tamili	ar with, a	and accept	
SIGNATURE -	·							'	
	Signature, typed or printed name of registered ager	et and title # applicable. (NOT	E: Registered Agent signatu	re required when reinstating)		DATE			
	Signature, typed or ornsted name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	9. Election Car	mpaign Financing	\$5.00 Ma Added to Fe		Make check pay Florida Departmen			
10.	Filing Fee is \$61.25	9. Election Car Trust Fund (mpaign Financing	\$5.00 Ma Added to Fe	es CHANGES TO OFF	Make check pay Florida Department ICERS AND DIRECT	ORS IN	nte	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08 401-841-120

Das

Daytime Phone #