

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-22-2008 90042 030 ****61.25

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1. Entity Name
MODEL T FORD CLUB OF CENTRAL FLORIDA, INC.



Principal Place of Business
**2461 WEST STATE ROAD 426
SUITE 1001
OVIEDO, FL 32765**

Mailing Address
**2461 WEST STATE ROAD 426
SUITE 1001
OVIEDO, FL 32765**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3768535

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

**MAHAFFEY, JOHN D ESQ.
2461 WEST STATE RODA 426
SUITE 1001
OVIEDO, FL 32765**

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 reconstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 PD ☐ Delete
NAME JOHNSON, THOMAS
STREET ADDRESS 2461 WEST STATE ROAD 426, SUITE 1001
CITY-ST-ZIP OVIEDO, FL 32765

TITLE President ☒ Change ☐ Addition
NAME David Boe
STREET ADDRESS 2461 West State Road 426, Suite 1001
CITY-ST-ZIP Oviedo, FL 32765

TITLE VPD ☐ Delete
NAME MAHAFFEY, JOHN D JR
STREET ADDRESS 2461 WEST STATE ROAD 426, SUITE 1001
CITY-ST-ZIP OVIEDO, FL 32765

TITLE Vice President ☒ Change ☐ Addition
NAME Mike Bartlett
STREET ADDRESS 2461 West State Road 426, Suite 1001
CITY-ST-ZIP Oviedo FL 32765

TITLE TD ☐ Delete
NAME JOHNSON, WANDA
STREET ADDRESS 3113 LAWTON RD., #225
CITY-ST-ZIP ORLANDO, FL 32803

TITLE TD ☒ Change ☐ Addition
NAME Wanda Johnson
STREET ADDRESS 2461, West State Road 426, Suite 1001
CITY-ST-ZIP Oviedo, FL 32765

TITLE SD ☐ Delete
NAME DWYER, JOHN
STREET ADDRESS 2461 WEST STATE ROAD 426, SUITE 1001
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Wanda Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08 407-841-1200

Date

Daytime Phone #