2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001290

FILED Apr 08, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2461 WEST STATE ROAD 426 **SUITE 1001** OVIEDO, FL 32765 **New Mailing Address: Current Mailing Address:** 2461 WEST STATE ROAD 426 **SUITE 1001** OVIEDO, FL 32765 FEI Number: 59-3768535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAHAFFEY, JOHN D ESQ. 2461 WEST STATE RODA 426 **SUITE 1001** OVIEDO, FL 32765 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BOE, DAVID BOE, DAVID D Name: Name: 2461 WEST STATE ROAD 426, SUITE 1001 Address: 2461 WEST STATE ROAD 426, SUITE 1001 Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765 Title: () Delete Title: () Change () Addition BARTLETT, MIKE Name: Name: Address: 2461 WEST STATE ROAD 426, SUITE 1001 Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, WANDA Name: Name: 2461 W STATE RD 426 STE1001 Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: DWYER, JOHN Name: 2461 WEST STATE ROAD 426, SUITE 1001 Address: Address: City-St-Zip: OVIEDO, FL 32765 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: DAVID D. BOE PRES 04/08/2009