2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N02000006276

Entity Name: SUNSET CORVETTE AND CLASSIC CAR CLUB, INC.

Current Principal Place of Business:

486 TRYON CIRCLE
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

486 TRYON CIRCLE
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 13-4209736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAY, CEDRIC P ESQ.
12312 U.S. HIGHWAY 19 N
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: MORROW, THOMAS G
Address: 486 TRYON CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: VP ( ) Delete
Name: RUSNAK, JOSEPH JR
Address: 5453 LOS PALOS DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S ( ) Delete
Name: GRAMMICK, GEORGE
Address: 499 TRYON CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: T (X) Delete
Name: ZALUDA, NANCY
Address: 5256 BAFFIN CIR
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: HELTON, MARGERY
Address: 10806 LOS SANTOS DR
City-St-Zip: PORT RICHEY, FL 34668

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: MARGERY HELTON T 01/15/2009

Electronic Signature of Signing Officer or Director — Date