


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N03000008545					
1. Entity Name TRI CITY CAR CLUB INCORPORATED					
Principal Place of Business 2024 TURBOT RD AVON PARK FL 33825			Mailing Address 2024 TURBOT RD AVON PARK FL 33825		
2. Principal Place of Business SAME AS ABOVE			3. Mailing Address SAME AS ABOVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, CATHY 4499 E KEVIN RD AVON PARK FL 33825				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 <u>Cathy Anderson</u> DATE <u>1-30-04</u>					
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-installing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	P	LINTERMOOT, ERNIE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2024 TURBOT RD		NAME	
STREET ADDRESS		AVON PARK FL 33825		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	V	LAGONI, LOUIS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		225 TULANE CIRCLE		NAME	
STREET ADDRESS		AVON PARK FL 33825		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	S	LASH, SHERRY		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3113 W FINDLEY ROAD		NAME	
STREET ADDRESS		AVON PARK FL 33825		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	I	ANDERSON, CATHY		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4499 E KEVIN ROAD		NAME	
STREET ADDRESS		AVON PARK FL 33825		STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cathy Anderson Cathy Anderson 1/30/04 863-453-5138