

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008919**

1. Entity Name  
**MID FLORIDA CORVETTE CLUB INC.**



Principal Place of Business  
**3300 OSAGE CT.  
ST. CLOUD, FL 34769 US**

Mailing Address  
**3300 OSAGE CT.  
ST. CLOUD, FL 34769 US**



02072006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**01-0661957**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GARDNER, LORETTA  
3300 OSAGE CT.  
ST. CLOUD, FL 34769**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000462308  
03/21/06-80054-018 61.25

**10. OFFICERS AND DIRECTORS**

|                |                        |
|----------------|------------------------|
| TITLE          | P                      |
| NAME           | HAMILL, JEFF           |
| STREET ADDRESS | 991 SHORE DR.          |
| CITY-ST-ZIP    | KISSIMMEE, FL 34744    |
| TITLE          | VP                     |
| NAME           | LAWRENCE, CHRIS        |
| STREET ADDRESS | 1313 PAPERWOODS DRIVE  |
| CITY-ST-ZIP    | ST. CLOUD, FL 34770    |
| TITLE          | S                      |
| NAME           | GARDNER, LORETTA       |
| STREET ADDRESS | 3300 OSAGE CT.         |
| CITY-ST-ZIP    | ST. CLOUD, FL 34769    |
| TITLE          | T                      |
| NAME           | CROSS, JOSEPH          |
| STREET ADDRESS | 1232 NORTH SHORE DRIVE |
| CITY-ST-ZIP    | ST. CLOUD, FL 34771    |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

**DO NOT WRITE  
IN THIS SPACE**

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:

*Joseph Cross* **JOSEPH CROSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/4/06* **407957-9400**

Date

Corporate Filings