2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 23, 2008 8:00 am Secretary of State

05-30-2008 90220 032 ****61.25

DOCUMENT # N0300008919 1. Entity Name MID FLORIDA CORVETTE CLUB INC.					05-30-2008 90220 032 ****61.25					
Principal Place of Business 3300 05AGE CT. ST. CLOUD, FL 34769 US		Mailing Address -3300 OSAGE CTST. CLOUD, FL 34769 US			0002	LZUUU				
1	lace of Business - No P.O. Box #	3. Mailing Address	1 David							
Suite, Apt.	EBECCA DRIVE #, etc.	Suite, Apt. #, etc.	4 DRIVE	06202008	Chg-NP	CR2E037 (12/06)				
ST. C	LOUD, FLORIDA	ST, CLOUD, F		4. FEI Number 01-06619)57	 	oplied For ot Applicable			
3476		34769	Country	5. Certificate of		\$8.75 Add Fee Require				
	6. Name and Address of Current	Registered Agent	Name 0		idress of New Re	,				
GARDNER, LORETTA 3300 OSAGE CT. ST. CLOUD, FL 34769				Street Address (P.O. Box Number is Not Acceptable) 53.1 KEBECCH DELVE						
S1. CLOU	D, I°E 34 769	•	130	NE DECE	, LACTO					
			City ST	CLOUD		FL Zip Code				
	named entity submits this statement for	r the purpose of changing its re			in the State of Flori		and accept			
the obligat	ions of registered agent. BUNDANA /2011/s2	LOTA / No Areta	Tur Barbar	A KARLSSAN	0	20 7 a-0	,			
0.0.0	Signature, typed or printed name of registered agent of	and title if applicable. (NOTE:	Registeded Agent signature r	7 110-00	yu k	DATE DATE	<u></u>			
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 ue by September 12, 2008	9. Election Camp Trust Fund Co	Registered Agent signature of	equired when reinstating) \$5.00 May Be		DATE ke check payable to da Department of St				
D:	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Co	Registed Apent signature of paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Florid	• •	tate			
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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: BONDAIA KANSSTA BARBARA KARUSSON SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR June 20, 2008 407-334-3597

ATTACHMENT

2008 NOT-FOR-PROFIT CORPORATION

5/30/2008-90220-032-\$61.25-\$61.25

	ANNUAL	KEPUKI						
DOCU 1. Entity Nam MID FLOI			, ,	•				
Principal Plac	e of Business	Mailing Address						
3300 OSAGE CT. -ST . CLOUD. FL-34760 — US		-3300 CSASE CT						
31. 02000,1		-ST. CLOUD, FL 34769	- 03			[0(0)	4608	ţ
2. Principed Place of Business - No P.O. Box # 521 REBECCA DRIVE		3. Mailing Address				440,	1400	,
Suite, Apt. II, etc.		Suite, Apt. #, etc.			01142008	Chg-NP	CR2E037 (12/06)	
ST. CLOUD FL		City & State			4. FEI Number 01-0661	957	N	ot Applicable
Zip 34769 Country USA		Zip Country			5. Centificate o	f Status Desired	S8.75 Ad	
	8. Name and Address of Current F	Registered Agent			7. Name and A	uldress of New R		
CARONE	R. LORETTA		Name	BAS	BARA	KARLSS	(a)	
3300 OSA			Street	Address (I	P.O. Box Number	is Not Acceptable		
ST. CLOU	D, FL 34769	. ••	<u> </u>	521	KEISECC	A DRIVE	 	
		• .•.,	City				E Zip Coo	ja –
• The observe		#		ST. CLOUD FL 34769 ared office or registered agent, or both, in the State of Plorida. I am familiar with, and access				
	i nemed entity solumes this statement for tions of registered agent.	the bribose of changing its re	Strated cuice	or registen	ea agent, or both	, in the State of Mo	nda. 1 em tamiliar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd tille if ecoloable (MDTE:)	Registered Agent sign	Arra marind	when exinctations		DATE	
								
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Comp Trust Fund Co			\$5.00 May Be Added to Fees		ake check payable t da Department of S	
10.	OFFICERS AND DIR	ECTORS	11.	-	ODITIONS/CHA	VGES TO OFFICE	RS AND DIRECTORS I	110
TITLE	P HAMILL, JEFF	🔀 Delete	TITLE		DEUT		(Change	☐ Addition
NAME STREET ADDRESS	991 SHORE DR.		NAME STREET ACCRESS	3/22	PH CROSS CARPEN	TER'S LAND	٤	1
CITY-\$1-23*	KISSIMMEE, FL 34744		CITY-ST-ZIP		LOUD FL			[
TITLE	VP	Detate -	TITLE	VICE	PRESIDE	υT ,	(X) Change	Addition
NAME STREET ADDRESS	HLADEK, JERRY J 147 THORNBURY DR	•	NAME STREET ACCRESS	VINC	E VAN VE 9 JESS C	LANKEN	`	}
CITY-ST-29	KISSIMMEE, FL 34744 L.		CTTY-ST-ZP		CLOUD, F			- 1
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	3300 OSAGE CT.		NAME STREET ADDRESS	BAR SZI ST. C	etary Bara Ka Rebecca Cloud FL Suffe	PELSSON DRIVE 34769		
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