

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 # 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

00012000



2. Principal Place of Business - No P.O. Box #
521 REBECCA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
521 REBECCA DRIVE
Suite, Apt. #, etc.

06202008 Chg-NP CR2E037 (12/06)

City & State
ST. CLOUD, FLORIDA
Zip
34769
Country
USA

City & State
ST. CLOUD, FLORIDA
Zip
34769
Country
USA

4. FEI Number
01-0661957
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
BARBARA KARLSSON
Street Address (P.O. Box Number is Not Acceptable)
521 REBECCA DRIVE
City
ST. CLOUD FL Zip Code
34769

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 Barbara Karlsson, Secretary BARBARA KARLSSON June 20, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILL, JEFF 991 SHORE DR. KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HLADEK, JERRY J 147 THORNBURY DR KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARDNER, LORETTA 3300 OSAGE CT. ST. CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSS, JOSEPH 1232 NORTH SHORE DRIVE ST. CLOUD, FL 34771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LARRY BEERY 4900 OLD OAK TR. ST. CLOUD, FLORIDA 34771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT VINCE VAN VRANKEN 6369 JESS CT ST. CLOUD, FLORIDA 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BARBARA KARLSSON 521 REBECCA DRIVE ST. CLOUD, FLORIDA 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PIAHLA HLADAK 147 THORNBURY DRIVE KISSIMMEE, FLORIDA 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition



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: Barbara Karlsson, BARBARA KARLSSON June 20, 2008 407-334-3597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

DOCUMENT # N03000008919			
1. Entity Name MID FLORIDA CORVETTE CLUB INC.			
Principal Place of Business 3300 OSAGE CT. ST. CLOUD, FL 34768 US		Mailing Address 3300 OSAGE CT. ST. CLOUD, FL 34768 US	
2. Principal Place of Business - No P.O. Box # 521 REBECCA DRIVE		3. Mailing Address Suite, Apt. #, etc.	
City & State ST. CLOUD, FL		City & State	
Zip 34769	Country USA	Zip	Country
4. FEI Number 01-0661957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, LORETTA 3300 OSAGE CT. ST. CLOUD, FL 34769		7. Name and Address of New Registered Agent Name BARBARA KARLSSON Street Address (P.O. Box Number is Not Acceptable) 521 REBECCA DRIVE City ST. CLOUD FL Zip Code 34769	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P HAMILL, JEFF 991 SHORE DR. KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSEPH CROSS 3122 CARPENTER'S LANE ST. CLOUD, FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HLADEK, JERRY J 147 THORNBURY DR KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT VINCE VAN VRANKEN 6369 JESS CT. ST. CLOUD, FL 34771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSS, JOSEPH 1232 NORTH SHORE DRIVE ST. CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RAYMOND KLEUTGEN 2801 HARWOOD CT. KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		Date 5/1/08 Daytime Phone # 407-951-9400	