

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008919

FILED
Mar 03, 2009
Secretary of State

Entity Name: MID FLORIDA CORVETTE CLUB INC.

Current Principal Place of Business:

521 REBECCA DR
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

521 REBECCA DR
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 01-0661957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARLSON, BARBARA
521 REBECCA DR
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

KARLSSON, BARBARA
521 REBECCA DR
SAINT CLOUD, FL 34769 US

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: BARBARA KARLSSON

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEERY, LARRY
Address: 4900 OLD OAK TR
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: V () Delete
Name: VAN VRANKEN, VINCE
Address: 6369 JESS CT
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: S () Delete
Name: KARLSON, BARBARA
Address: 521 REBECCA DR
City-St-Zip: ST. CLOUD, FL 34769 US

Title: T () Delete
Name: HLADEK, DIANA
Address: 147 THORNBURY DR
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: DENSMORE, TOM
Address: 8795 KOWA TRAIL
City-St-Zip: KISSIMMEE, FL 34747 US

Title: S (X) Change () Addition
Name: KARLSSON, BARBARA
Address: 521 REBECCA DR
City-St-Zip: ST. CLOUD, FL 34769 US

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: BARBARA KARLSSON

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03/03/2009

Electronic Signature of Signing Officer or Director

Date