

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008919

FILED  
Jan 31, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4900 OLD OAK TRAIL  
SAINT CLOUD, FL 34771 US

**New Principal Place of Business:**

**Current Mailing Address:**

4900 OLD OAK TRAIL  
SAINT CLOUD, FL 34771 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:**

BEERY, BETH  
4900 OLD OAK TRAIL  
SAINT CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DENSMORE, TOM  
**Address:** 8795 KOWA TRAIL  
**City-St-Zip:** KISSIMMEE, FL 34747 US

**Title:** V  
**Name:** O'MALLEY, JAMES  
**Address:** 2150 ELDORADO COURT  
**City-St-Zip:** SAINT CLOUD, FL 34771 US

**Title:** S  
**Name:** BEERY, BETH  
**Address:** 4900 OLD OAK TRAIL  
**City-St-Zip:** ST. CLOUD, FL 34771 US

**Title:** T  
**Name:** MCKIM, DAVID  
**Address:** 1742 COVEY COURT  
**City-St-Zip:** KISSIMMEE, FL 34744 US

I hereby 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 all other like empowered.

**SIGNATURE:** BETH BEERY

S

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date