

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90045 037 ****61.25

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02052005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000000275 1. Entity Name CITRUS COUNTY CORVETTE CLUB, INC.					
Principal Place of Business POST OFFICE BOX 36 LECANTO, FL 34461			Mailing Address POST OFFICE BOX 36 LECANTO, FL 34461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0064320	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COOPER, HARRY 6885 N. BEECHNUT LOOP HERNANDO, FL 34442				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, HARRY		NAME		
STREET ADDRESS	POST OFFICE BOX 1539		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STIMSON, BOB		NAME	ADN BULLEY	
STREET ADDRESS	9059 FOREST VIEW		STREET ADDRESS	8771 W. ALEUTS DR.	
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP	BEVERLY HILLS FL. 34465	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALDEN, JUDY		NAME		
STREET ADDRESS	5971 ROSEBARK WAY		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACKSON, ROBERT		NAME	DENISE ZAGNOLI	
STREET ADDRESS	4046 S. JODY POINT		STREET ADDRESS	4150 HATCHET DR.	
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP	BEVERLY HILLS, FL. 34465	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERN, WILLIAM		NAME		
STREET ADDRESS	21 PINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOSS, RALPH		NAME		
STREET ADDRESS	1621 W. TACOMA		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/15/05 Daytime Phone # 352 637-2917		