

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

**DOCUMENT # N0400000275**

1. Entity Name  
**CITRUS COUNTY CORVETTE CLUB, INC.**



**40019764**



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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

02052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**30-0064320**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**COOPER, HARRY  
 6885 N. BEECHNUT LOOP  
 HERNANDO, FL 34442**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
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 May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P Delete <input type="checkbox"/>	NAME COOPER, HARRY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS POST OFFICE BOX 1539	CITY-ST-ZIP HERNANDO, FL 34442	NAME	
TITLE VP Delete <input checked="" type="checkbox"/>	NAME STIMSON, BOB	TITLE VP ADN BULLEY Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
STREET ADDRESS 9059 FOREST VIEW	CITY-ST-ZIP HOMOSASSA, FL 34448	STREET ADDRESS 8771 W. ALEUTS DR.	
TITLE S Delete <input type="checkbox"/>	NAME ALDEN, JUDY	CITY-ST-ZIP BEVERLY HILLS FL. 34465	
STREET ADDRESS 5971 ROSEBARK WAY	CITY-ST-ZIP BEVERLY HILLS, FL 34465	TITLE T Delete <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE T Delete <input checked="" type="checkbox"/>	NAME JACKSON, ROBERT	STREET ADDRESS 4150 HATCHET DR.	
STREET ADDRESS 4046 S. JODY POINT	CITY-ST-ZIP HOMOSASSA, FL 34446	CITY-ST-ZIP BEVERLY HILLS, FL. 34465	
TITLE D Delete <input type="checkbox"/>	NAME KERN, WILLIAM	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 21 PINE DRIVE	CITY-ST-ZIP HOMOSASSA, FL 34446	NAME	
TITLE D Delete <input type="checkbox"/>	NAME KOSS, RALPH	STREET ADDRESS	
STREET ADDRESS 1621 W. TACOMA	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:** \_\_\_\_\_ *president* **3/15/05** **352 637-2917**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #