2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N04000000275

Entity Name: CITRUS COUNTY CORVETTE CLUB, INC.

Current Principal Place of Business:

2260 W. TALL OAKS DR.
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 641012
BEVERLY HILLS, FL 34464

New Mailing Address:

FEI Number: 30-0064320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALIZIA, ROBERT
2260 W. TALL OAKS DR.
BEVERLY HILLS, FL 34465 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 ( ) Delete
Name: MALIZIA, ROBERT
Address: 2260 W. TALL OAKS DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP ( ) Delete
Name: KISSELL, MORT
Address: 4642 W. PIUTE DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S ( ) Delete
Name: ALDEN, JUDY
Address: 5971 ROSEBARK WAY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T ( ) Delete
Name: FOUST, RUBY
Address: 5120 GOLF CLUB LN.
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete
Name: BUCHNER, JOHN
Address: 4728 N. GOLDWOOD TE.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D ( ) Delete
Name: JACKSON, ROBERT
Address: 4046 JODY PT.
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: METTE, KEN
Address: 5456 DAYFLOWER PATH
City-St-Zip: LECANTO, FL 34461

Title: S (X) Change ( ) Addition
Name: MILLER, BILL
Address: 3932 FETHERRIDGE CT.
City-St-Zip: LECANTO, FL 34461

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

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

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: ROBERT MALIZIA P 03/20/2009

Electronic Signature of Signing Officer or Director — Date