

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009433

FILED  
Jul 05, 2006  
Secretary of State

**Entity Name:** CORVETTE CLUB OF MANDARIN, INC.

**Current Principal Place of Business:**

618 BLAIR ROAD  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

618 BLAIR ROAD  
JACKSONVILLE, FL 32221

**New Mailing Address:**

**FEI Number:** 32-0122349      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MURPHY, NIELS P ESQ.  
550 WATER STREET  
STE 1366  
JACKSONVILLE, FL 32202 US

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

MURPHY, NIELS P ESQ.  
ONE INDEPENDENT DRIVE  
STE 1801  
JACKSONVILLE, FL 32202 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: \_\_\_\_\_

07/05/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FLETCHER, ROBERT  
Address: 4216 RESERVOIR LANE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: THIBODEAUX, JAMES  
Address: 10120 ARROWHEAD DRIVE #2  
City-St-Zip: JACKSONVILLE, FL 32257

Title: SEC ( ) Delete  
Name: THIBODEAUX, JAMES  
Address: 10120 ARROWHEAD DRIVE #2  
City-St-Zip: JACKSONVILLE, FL 32257

Title: TREA ( ) Delete  
Name: CASSIDY, STEPHANIE  
Address: 618 BLAIR ROAD  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: STEPHANIE CASSIDY

TREA

07/05/2006

Electronic Signature of Signing Officer or Director

Date