

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009433

FILED
Mar 19, 2009
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 ()

Name and Address of Current Registered Agent:

MURPHY, NIELS P ESQ.
ONE INDEPENDENT DRIVE
STE 1801
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MURPHY, NIELS P ESQ.
50 NORTH LAURA STREET
SUITE 1675
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:

03/19/2009

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 (X) Delete
Name: THIBODEAUX, JAMES
Address: 9533 BEAUCLERC
City-St-Zip: JACKSONVILLE, FL 32257

Title: SEC () Delete
Name: THIBODEAUX, JAMES
Address: 9533 BEAUCLERC
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THIBODEAUX, JAMES
Address: 9533 BEAUCLERC
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: SEC (X) Change () Addition
Name: ANDERSON, BARBARA
Address: 4576 WILDERNESS COURT
City-St-Zip: JACKSONVILLE, FL 32258

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

Title: D () Change (X) Addition
Name: FLETCHER, ROBERT
Address: 4216 RESERVOIR LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32223

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: STEPHANIE W. CASSIDY

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03/19/2009

Electronic Signature of Signing Officer or Director

Date