

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90072 046 ****61.25

DOCUMENT # N05000002147

1. Entity Name
ROAMIN' OLDIES CAR CLUB INC.



Principal Place of Business
**1202 BUTCH CASSIDY TRAIL
WIMAUMA, FL 33598 US**

Mailing Address
**PO BOX 5477
SUN CITY CENTER, FL 33571-5477**

60008179



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-3718788

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANKEDICK, ROBERT
1202 BUTCH CASSIDY TRAIL
WIMAUMA, FL 33598**

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

Robert Mankedick

ROBERT MANKEDICK PRESIDENT

1/25/07

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, 2007**

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

TITLE ☐ Delete
NAME **P MANKEDICK, ROBERT**
STREET ADDRESS **1202 BUTCH CASSIDY TRAIL**
CITY-ST-ZIP **WIMAUMA, FL 33598**

TITLE ☐ Delete
NAME **VP MOORE, RONALD**
STREET ADDRESS **1428 DEDRIC DRIVE**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE ☒ Delete
NAME **S WRIGHT, BARBARA**
STREET ADDRESS **2401 33RD STREET SOUTHEAST**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE ☐ Delete
NAME **T MANKEDICK, MARIE**
STREET ADDRESS **1015 NEPTUNE DR**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE ☐ Delete
NAME **D KIRKER, ANN MARIE**
STREET ADDRESS **728 SPANISH MAIN DR**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S ISBELL, CYNTHIA**
STREET ADDRESS **11203 LONGBROOKS DR**
CITY-ST-ZIP **RIVER VIEW, FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Robert Mankedick

ROBERT MANKEDICK

1/25/07

813 642 8221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #