2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90055 035 ****61.25

DOCUMENT # N05000002147

1. Entity Name
ROAMIN' OLDIES CAR CLUB INC.

Principal Place of Business	Mailing Address
1202 BUTCH CASSIDY TRAIL WIMAUMA, FL 33598 US	PO BOX 5477 SUN CITY CENTER, FL 33571-5477

01162008 Chg-NP CR2E037 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1316 Misty Gr Dr.	PO Box 5477
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sun City Center FL	City & State: Sun City Center, FL
Zip: 33573 Country: US	Zip: 33573 Country: US

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: Anne Cross Street Address (P.O. Box Number is Not Acceptable): 1316 Misty Gr Drive City: Sun City Center FL Zip Code: 33573

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: Anne M. Cross — March 19, 08
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANKEDICK, ROBERT 1202 BUTCH CASSIDY TRAIL WIMAUMA, FL 33598	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Corbin, Wayne 124 St. Pierres Way Apollo Bch, FL 33572	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOORE, RONALD 1428 DEDRIC DRIVE RUSKIN, FL 33570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kirker, Ann Marie 728 Spanish Main Dr Apollo Bch, FL 33572	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ISBELL, CYNTHIA 11203 LONGBROOKE DR RIVERVIEW, FL 33569	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Cross Anne 1316 misty Gr Dr Sun City Center FL 33573	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MANKEDICK, MARIE 1015 NEPTUNE DR RUSKIN, FL 33570	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Riso, Rocco 513 Rimini Vista Way Sun City Center, FL 33573	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D KIRKER, ANN MARIE 728 SPANISH MAIN DR APOLLO BEACH, FL 33572	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Growchowski, Chet 3006 14th Ave S.E. Ruskin, FL 33570	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Anne M. Cross — March 19, 08 — 813 433-8508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #