

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90079 044 \*\*\*\*61.25

<b>DOCUMENT # N05000002291</b> 1. Entity Name TOUCH OF CLASS CORVETTE CLUB, INC					
Principal Place of Business 1409 S. WATERVIEW DR. INVERNESS, FL 34450 US			Mailing Address 1409 S. WATERVIEW DR. INVERNESS, FL 34450 US		
2. Principal Place of Business PO Box 632 Suite, Apt. #, etc. Inverness City & State FL		3. Mailing Address PO Box 632 Suite, Apt. #, etc. Inverness, FL City & State 34451			
Zip 34451		Country CITRUS		Zip 34451	
Country USA		4. FEI Number 11-3745579			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FREDRICK, DEBRA 1409 S. WATERVIEW DR. INVERNESS, FL 34450			7. Name and Address of New Registered Agent 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 <u>Debra Frederick</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 OTENBAKER, JIM 4968 S. DEEPWATER PT. HOMOSASSA, FL 34448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERR, PAUL 6 BALSAM COURT S. HOMOSASSA, FL 34446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDY, LINDA 8 LINDER CIRCLE HOMOSASSA, FL 34446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Teeri Moorbeck 1516 E. Seattle Slew Circle Inverness, FL 34453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICK, DEBRA 1409 S. WATERVIEW DR. INVERNESS, FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Debra Frederick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-31-06 352-726-9457 <small>Date Daytime Phone #</small>		