

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002291

FILED  
Feb 12, 2007  
Secretary of State

**Entity Name:** TOUCH OF CLASS CORVETTE CLUB, INC

**Current Principal Place of Business:**

P.O. BOX 632  
INVERNESS, FL 34451 US

**New Principal Place of Business:**

1409 S. WATERVIEW DR.  
INVERNESS, FL 34450 US

**Current Mailing Address:**

P.O. BOX 632  
INVERNESS, FL 34451 US

**New Mailing Address:**

**FEI Number:** 11-3745579      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FREDRICK, DEBRA  
1409 S. WATERVIEW DR.  
INVERNESS, FL 34450 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OTENBAKER, JIM  
Address: 4968 S. DEEPWATER PT.  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: VP ( ) Delete  
Name: HERR, PAUL  
Address: 6 BALSAM COURT S.  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: S ( ) Delete  
Name: MOORBECK, TERRI  
Address: 1516 E SEATTLE SLEW CIRCLE  
City-St-Zip: INVERNESS, FL 34453 US

Title: T ( ) Delete  
Name: FREDERICK, DEBRA  
Address: 1409 S. WATERVIEW DR.  
City-St-Zip: INVERNESS, FL 34450 US

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

Title: P (X) Change ( ) Addition  
Name: DANIELS, BARRY  
Address: 9370 W. EMERALD OAKS DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: VP (X) Change ( ) Addition  
Name: WEST, TED  
Address: 4928 S. DRIFTWOOD WOOD  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: S (X) Change ( ) Addition  
Name: OESTERLE, MARY  
Address: 5131 N. ANDRI DRIVE  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

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: DEBRA FREDRICK

T

02/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date