# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2008**
**Secretary of State**

DOCUMENT# N05000002291

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

**Current Principal Place of Business:**

1409 S. WATERVIEW DR.
INVERNESS, FL 34450 US

**New Principal Place of Business:**

1671 N. BOGEY PT.
HERNANDO, FL 34442 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:**

MONTY, JO
1671 N. BOGEY PT.
HERNANDO, FL 34442 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: JO MONTY 02/02/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

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

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

Title: S ( ) Delete
Name: OESTERLE, MARY
Address: 5131 N. ANDRI DRIVE
City-St-Zip: CRYSTAL RIVER, FL 34428 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: KLINE, KAREN
Address: 53 BELLS OF IRELAND CT.
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VP (X) Change ( ) Addition
Name: KERN, BILL
Address: 21 PINE DR.
City-St-Zip: HOMOSASSA, FL 34446 US

Title: S (X) Change ( ) Addition
Name: MORISI, AL
Address: 698 FORESTHILL PL.
City-St-Zip: HERNANDO, FL 34442 US

Title: T (X) Change ( ) Addition
Name: MONTY, JO
Address: 1671 N. BOGEY PT.
City-St-Zip: HERNANDO, FL 34442 US

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: JO MONTY T 02/02/2008
Electronic Signature of Signing Officer or Director Date