

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002291

FILED  
May 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1671 N. BOGEY PT.  
HERNANDO, FL 34442 US

**New Principal Place of Business:**

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLINE, KAREN  
Address: 53 BELLS OF IRELAND CT.  
City-St-Zip: HOMOSASSA, FL 34446 US

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LUNSFORD, JIM  
Address: 10 QUAILWOOD PATH  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

TREA

05/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date