

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002291

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6 DRYPETES DR  
HOMOSASSA, FL 34446 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 ( )**

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

HESS, WAYNE P  
6 DRYPETES DR  
HOMOSASSA, FL 34446 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  
**Name:** OTENBAKER, JIM  
**Address:** 1360 S WATERVIEW DR  
**City-St-Zip:** INVERNESS, FL 34450 US

**Title:** VP  
**Name:** MCGHAN, DARRIN  
**Address:** 4890 S LYNNWOOD DR  
**City-St-Zip:** HOMOSASSA, FL 34448 US

**Title:** S  
**Name:** MCGHAN, CAROL  
**Address:** 4890 S LYNNWOOD DR  
**City-St-Zip:** HOMOSASSA, FL 34448 US

**Title:** T  
**Name:** HESS, WAYNE P  
**Address:** 6 DRYPETES DR  
**City-St-Zip:** HOMOSASSA, FL 34446 US

I hereby 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 all other like empowered.

**SIGNATURE:** WAYNE P HESS

T

01/05/2012

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

\_\_\_\_\_  
Date