

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N05000009004	
1. Entity Name NORTH FLORIDA SHOW CAR ASSOCIATION, INC.	

Principal Place of Business 4545-1 ST AUGUSTINE RD JACKSONVILLE FL 32207	Mailing Address 4545-1 ST AUGUSTINE RD JACKSONVILLE FL 32207
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 20-3407855	Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent PEEL, STEVE 4545-1 ST AUGUSTINE RD JACKSONVILLE FL 32207	
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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	DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

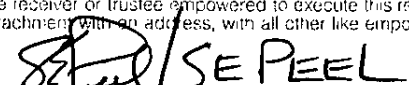
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
PDC PEEL, STEVE 4545-1 ST. AUGUSTINE RD. JACKSONVILLE FL 32207	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
VSTD PEEL, DEBBIE 4545-1 ST. AUGUSTINE RD. JACKSONVILLE FL 32207	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
VD PADCETT, TONY 3144 BELDEN CIR JACKSONVILLE FL 32207	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
VD DEMONTE, SUE 6915 RECREATION TR. JACKSONVILLE FL 32244	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
VD CAPPS, BILL 4606 DEEP RIVER PLACE JACKSONVILLE FL 32224	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
U00000306892 05/05/08-80016-016 61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SE PEEL

11508 (904) 730-8056