2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N05000009004

Entity Name: NORTH FLORIDA SHOW CAR ASSOCIATION, INC.

Current Principal Place of Business:

4545-1 ST AUGUSTINE RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

2815 MERCURY RD
JACKSONVILLE, FL 32207

Current Mailing Address:

4545-1 ST AUGUSTINE RD
JACKSONVILLE, FL 32207

New Mailing Address:

2815 MERCURY RD
JACKSONVILLE, FL 32207

FEI Number: 20-3407855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEEL, STEVE
4545-1 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

PEEL, STEVE
2815 MERCURY RD
JACKSONVILLE, FL 32207 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: _____ 02/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDC ( ) Delete
Name: PEEL, STEVE
Address: 4545-1 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VSTD ( ) Delete
Name: PEEL, DEBBIE
Address: 4545-1 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD ( ) Delete
Name: PADCETT, TONY
Address: 3144 BELDEN CIR
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD ( ) Delete
Name: DEMONTE, SUE
Address: 6915 RECREATION TR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD ( ) Delete
Name: CAPPS, BILL
Address: 4606 DEEP RIVER PLACE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DEBORAH L PEEL VSTD 02/16/2009
Electronic Signature of Signing Officer or Director — Date