


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012809 1. Entity Name OLD SCHOOL CLASSIC CAR ASSOCIATION, INC.						DEPARTMENT OF STATE DIVISION OF CORPORATIONS 06 MAY 10 PM 12:07	
Principal Place of Business 1014 SILVER RIDGE DR. TALLAHASSEE, FL 32305-6926				Mailing Address 1014 SILVER RIDGE DR. TALLAHASSEE, FL 32305-6926			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HAWKINS, FAY 1014 SILVER RIDGE DR. TALLAHASSEE, FL 32305-6926				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, FAY 1014 SILVER RIDGE DR. TALLAHASSEE, FL 323056926 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-size: 1.2em;"> 300075108423 05/24/06--01003--012 **61.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKINS, BRENDA H 1014 SILVER RIDGE DR. TALLAHASSEE, FL 323056926 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, WILLIE J 1990 OAKRIDGE RD. TALLAHASSEE, FL 32305 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITEHEAD, ELAINE 2001 WILDRIDGE DR. TALLAHASSEE, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BROWN, JAMES 1509 LONNIE RD. TALLAHASSEE, FL 32308 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BROWN, JAMES 1509 LONNIE RD. TALLAHASSEE, FL 32308 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Brenda H. Hawkins</i> 5/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							