

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007574

FILED
Jan 07, 2009
Secretary of State

Entity Name: NATURE COAST CORVETTE CLUB INC.

Current Principal Place of Business:

3264 GULF WIND CIRCLE
HERNANDO BEACH, FL 34607

New Principal Place of Business:

Current Mailing Address:

3264 GULF WIND CIRCLE
HERNANDO BEACH, FL 34607

New Mailing Address:

FEI Number: 20-5232138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, PAUL R DIR/TRE
3264 GULF WIND CIRCLE
HERNANDO BEACH, FL 34607 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: D () Delete
Name: MEYER, ROBERT
Address: 18545 CEDERBROOK CT.
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: MEL, HAINES
Address: 13464 PULMAN DR.
City-St-Zip: SPRING HILL, FL 34609

Title: S () Delete
Name: ZALUDA, NANCY
Address: 5256 BAFFIN CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: RICHARD, BENNETT
Address: 1602 LENNOX RD.
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: LEVINE, PAUL
Address: 3264 GULF WIND CIRCLE
City-St-Zip: HERNANDO BEACH, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEYER, ROBERT
Address: 18545 CEDERBROOK CT.
City-St-Zip: HUDSON, FL 34607

Title: D (X) Change () Addition
Name: MEL, HAINES
Address: 13464 PULMAN DR.
City-St-Zip: SPRING HILL, FL 34607

Title: S (X) Change () Addition
Name: PONS, ROBERT
Address: 8344 DELAWARE DR. BOX 57 A
City-St-Zip: SPRING HILL, FL 34607

Title: D (X) Change () Addition
Name: RICHARD, BENNETT
Address: 1602 LENNOX RD.
City-St-Zip: PALM HARBOR, FL 34607

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: PAUL LEVINE

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date