2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90049 043 ****61.25

DOCUMENT # N06738

1. Entity Name
SUNCOAST CORVETTE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 425 CLEARWATER, FL 33757	P.O. BOX 425 CLEARWATER, FL 33757

03012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAUER, LINDA 14353 110TH TERR. NO. LARGO, FL 34644	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JANOVSKY, DENNIS 9115 ST CLAIRE LANE PORT RICHEY, FL 34668	☒ Delete	PD MICHAEL KARR 7040 NICOLE LN LARGO, FL 33771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRAWDERS, JOHN 9799 119TH WAY N SEMINOLE, FL 33772	☒ Delete	VPSD MILTON JOHNSON 314 WINDRUSH BLVD #13 INDIAN ROCKS BEACH, FL 33785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD JANOVSKY, DEBBIE 9115 ST CLAIRE LANE PORT RICHEY, FL 34668	☒ Delete	TD MITZI TAYLOR-SMITH 7169 HAMILTON PARK BLVD TAMPA FL 33615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD MECKER, SALLY 10490 OAKHAVEN DR PINELLAS PARK, FL 33782	☒ Delete	D SHANNON KARR 7040 NICOLE LN LARGO, FL 33771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mitzi Taylor-Smith MITZI TAYLOR-SMITH 3/1/04 813-245-4129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #