

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 16, 1999 8:00 am
Secretary of State

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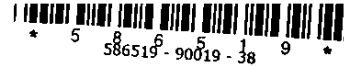
1. Corporation Name

**Florida Crown Region
Porsche Club of America**

Principal Place of Business

Mailing Address

**316 Secret Hollow way
Jacksonville FL 32259**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	Same	71	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Jacksonville	27		59-2895725	
City & State		City & State		5. Certificate of Status Desired ☐	
23	Florida	28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution ☐	
24	32259	25	USA	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**R. Proctor
316 Moro St
Jacksonville FL 32256**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6-10-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P President ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	Tom HERRER	1.2 NAME	Tom Herrer
STREET ADDRESS	12815 Huntley Manor Drive	1.3 STREET ADDRESS	12815 Huntley Manor Drive
CITY-ST-ZIP	Jacksonville FL 32224	1.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	Vice-President ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	Allan Shirley	2.2 NAME	Alan Shirley
STREET ADDRESS	12901 Huntley Manor Rd	2.3 STREET ADDRESS	12901 Hunt Club Rd
CITY-ST-ZIP	Jacksonville FL 32224	2.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	Treasurer ☐ DELETE	3.1 TITLE	T ☐ Change ☒ Addition
NAME	HANS MANDT	3.2 NAME	HANS MANDT
STREET ADDRESS	316 Secret Hollow way	3.3 STREET ADDRESS	316 Secret Hollow way
CITY-ST-ZIP	Jacksonville FL 32259	3.4 CITY-ST-ZIP	Jacksonville, FL 32259
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer**6-12-99**

Date

904(636-1573)

Daytime Phone #

CR2E037 (1/98)