

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N09307

1. Entity Name

FLORIDA CROWN REGION, PORSCHE CLUB OF AMERICA, INC.



FILED

04 DEC -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

Principal Place of Business Mailing Address
PO BOX 54503 PO BOX 54503
JACKSONVILLE FL 32245 JACKSONVILLE FL 32245
US US

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 59-2895725 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
PROCTOR, R
316 MORO ST
JACKSONVILLE FL-32256

7. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW: 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD PALMER, STEVE 1339 INGLESIDE AVE JACKSONVILLE FL 32205 ☒ Delete
VPD PORTZ, THOM 10721 GRAYSON ST JACKSONVILLE FL 32220 ☒ Delete
TD FLOTT, KENNETH 10075 CHESTERTON ROAD JACKSONVILLE FL 32223 ☐ Delete
☐ Delete
☐ Delete
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD PORTZ, THOM 10721 GRAYSON ST JACKSONVILLE FL 32220 ☒ Change ☐ Addition
HILL, CINDY VICE PRESIDENT 26 WARDIN DEMERE JACKSONVILLE BEACH FL 32250 ☒ Change ☐ Addition
000041943950 10/18/04--01070--018 **61.25
000041943950 12/28/04--01025--025 **175.00
REINSTATEMENT
☐ Change ☐ Addition
☐ 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: [Signature] 10-1-04 Date Daytime Phone #