

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90056 010 ****61.25

DOCUMENT # N11839

1. Entity Name

TREASURE COAST VINTAGE CAR CLUB, INC. (A
REGION OF THE ANTIQUE AUTOMOBILE CLUB OF



Principal Place of Business

215 S. FEDERAL HWY, STE 100
P.O. BOX 1612
STUART FL 34995

Mailing Address

215 S. FEDERAL HWY, STE 100
P.O. BOX 1612
STUART FL 34995



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRUCE, BETH
2 CRANES NEST
STUART FL 34996

Name Barbara S. Joyce
Street Address (P.O. Box Number is Not Acceptable)

3757 S.W. Ottawa St.

City Port Saint Lucie

FL

Zip Code 34953

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

Barbara S. Joyce - Barbara S. Joyce

1-29-07

Signature, typed or printed name of registered agent (not applicable).

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 ☒ Delete
NAME P3
EVEN, MIKE
STREET ADDRESS 4601 SE WATERFORD DR
CITY-STATE-ZIP STUART FL 34997

TITLE ☒ Delete
NAME V
HOLLMAN, LINDA
STREET ADDRESS 4919 PINETREE DR
CITY-STATE-ZIP FORT PIERCE FL 34982

TITLE ☐ Delete
NAME S
SMITH, JOANN
STREET ADDRESS P.O. BOX 61
CITY-STATE-ZIP STUART FL 34995

TITLE ☒ Delete
NAME T
BRUCE, BETH
STREET ADDRESS 2 CRANES NEST
CITY-STATE-ZIP STUART FL 34996

TITLE ☐ Delete
NAME D
JACKSON, PEARL
STREET ADDRESS 1182 SW SUNDEW CT
CITY-STATE-ZIP PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STEVEN ASH
STREET ADDRESS 711 SE PARKWAY DR
CITY-STATE-ZIP Stuart, FL 34996

TITLE ☒ Change ☐ Addition
NAME VICE PRESIDENT
LINDA BOLLMAN
STREET ADDRESS 4919 PINETREE DR.
CITY-STATE-ZIP Ft. Pierce, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME TREASURER
BARBARA JOYCE
STREET ADDRESS 3757 SW OTTAWA ST
CITY-STATE-ZIP Port Saint Lucie, FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara S. Joyce - Barbara S. Joyce 1-29-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #