

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11839

FILED
Jan 08, 2009
Secretary of State

Entity Name: TREASURE COAST VINTAGE CAR CLUB, INC. (A REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA)

Current Principal Place of Business:

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

New Principal Place of Business:

3757 SW OTTAWA STREET
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

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

New Mailing Address:

3757 SW OTTAWA STREET
PORT SAINT LUCIE, FL 34953

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOYCE, BARBARA S
3757 SW OTTAWA ST
PORT SAINT LUCIE, FL 34953 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: P () Delete
Name: BROWN, DAVID
Address: 3290 LEWIS ST
City-St-Zip: FORT PIERCE, FL 34981

Title: VP () Delete
Name: JOYCE, EDWARD
Address: 3757 SW OTTAWA ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S () Delete
Name: SMITH, JOANN
Address: P.O. BOX 61
City-St-Zip: STUART, FL 34995

Title: T () Delete
Name: JOYCE, BARBARA
Address: 3757 SW OTTAWA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: JACKSON, PEARL
Address: 1182 SW SUNDEW CT
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOYCE, EDWARD
Address: 3757 SW OTTAWA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP (X) Change () Addition
Name: CLARD, SANDY
Address: 3472 SE FAIRWAY OAKS TRAIL
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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: EDWARD P JOYCE

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date