


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

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90034 008 \*\*\*\*61.25

<b>DOCUMENT # N14389</b>	
1. Entity Name <b>FLORIDA REGION OF THE NATIONAL COUNCIL OF CORVETTE CLUBS, INC.</b>	

Principal Place of Business <b>2011 MISSION VALLEY NOKOMIS FL 34275 US</b>	Mailing Address <b>2011 MISSION VALLEY NOKOMIS FL 34275 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2904 SE 5th Place</b>	3. Mailing Address <b>2904 SE 5th Place</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

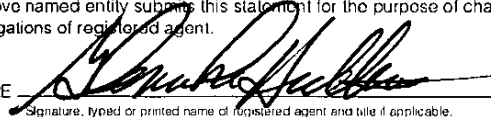
1st MOORE CR2E037 (10/06)

City & State <b>CAPE CORAL FL</b>	City & State <b>CAPE CORAL FL</b>
Zip <b>33904</b>	Country <b>USA</b>
City & State <b>CAPE CORAL FL</b>	City & State <b>CAPE CORAL FL</b>
Zip <b>33904</b>	Country <b>USA</b>

4. FEI Number <b>59-2777388</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BEEBE, DEBORAH L 2011 MISSION VALLEY BLVD NOKOMIS FL 34275</b>	
7. Name and Address of New Registered Agent Name <b>GLENN M HUTCHINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2904 SE 5th Place</b> City <b>CAPE CORAL</b> FL Zip Code <b>33904</b>	

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 <b>3/18/07</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEEBE, DEBORAH L 2011 MISSION VALLEY BLVD NOKOMIS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GLENN M. HUTCHINSON 2904 SE 5th Place CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MONTGOMERY, MANNY 12313 CARON DR. JACKSONVILLE FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEARER, PATSY 1046 FAIRLAWN DR. ROCKLEDGE FL 32955-3032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE <b>3/18/07</b> 239-910-2027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	