

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14389

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA REGION OF THE NATIONAL COUNCIL OF CORVETTE CLUBS, INC.

**Current Principal Place of Business:**

2904 SE 5TH PLACE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2904 SE 5TH PLACE  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 59-2777388      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUTCHINSON, GLENN M  
2904 SE 5TH PLACE  
CAPE CORAL, FL 33904 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: D  
Name: COLE, LISA F  
Address: 8665 HILLSIDE DRIVE  
City-St-Zip: ORLANDO, FL 32810

Title: D  
Name: MONTGOMERY, MANNY  
Address: 12313 CARON DR.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D  
Name: SHEARER, PATSY  
Address: 1046 FAIRLAWN DR.  
City-St-Zip: ROCKLEDGE, FL 329553032

Title: D  
Name: HUTCHINSON, GLENN M  
Address: 2904 SE 5TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: LISA F COLE

D

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date