40-97 B-4394 NC FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14607

(8)

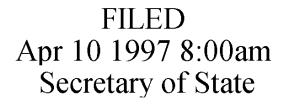
WEST CENTRAL FLORIDA CHEVROLET DEALERS ADVERTISI NG ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 1536 BROOKSVILLE FL \$4805-1536

PO BOX 1536 BROOKSVILLE FL 34605-1536





3a. Date of Last Report 03/14/1996

3. Date Incorporated or Qualified 04/28/1986

2. Principal Place of Business		28. Mailing Address		59-2669078		pplied For	
Suite, Apt. #, etc.		26 Suite Ant # etc			38 2003076		lot Applicable
2		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required	
 -, `		City & State	ly & State		6. Election Campaign Financing		May Be
		28	1 Country				to Fees
Zip 24	Country 25	Z ip	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	tered Agent	
			81	Name			
CRIDER, JOHN				82 Street Address (P.O. Box Number is Not Acceptable)			
521 WEST FORT ISLAND TRAIL SUITE A			"				
			83				
CRYSTAL RIVER FL 32629			84	City		- 85 Zip	Code
			07	Oity		FL °	0000
11. Pursuant t	to the provisions of Sections 617.050	and 617.1508, Florida Statu	tes, the abov	e-named corp	poration submits this statement for the pur	pose of changing i	its registered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblige	or Fiorida. Such change was itions of, Section 617.0503, Fi	aumonzea bi Iorida Statute:	y tne corpora: s.	tion's board of directors. I hereby accept t	ne appointment as	registereo
SIGNATURE							
- GIGINATORE	Signature, typed or printed name of registered ager		TE: Registered Age	ent signature requi		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	LAMB, STEVEN D.		1.2 NAME				
STREET ADDRESS	1101 & SUNCOAST BLVD		1.3 STREET	ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL		1.4 CITY - S	T- Z (P			
TITLE	10	☐ DELETE	2.1 TITLE			Change	Addition
NAME	REGISTER, MAX		2.2 NAME				
STREET ADDRESS	401 S BROAD ST		2.3 STREET	1			1
CITY-ST-ZIP	BROOKSVILLE FL	T or tre	2 4 CITY-	ST-ZIP		[7] Observe	1 4 2 2 2 2 2 2
TITLE	D FOOTED LIAODY M	☐ DELETE 3.1 T				Change	Addition
NAME	FOSTER, HARRY, M		3.2 NAME				}
STREET ADDRESS	307 N 7TH ST		3.3 STREET				
CITY-ST-ZIP	DADE CITY FL	DELETE	3.4. CITY - 1 4.1 TITLE	ST-ZIP		Change	Addition
TITLE			4.1 IIILE 4.2 NAME			Change	L. J Addition
STREET ADDRESS			4.3 STREET	ADDDCCC			j
CITY-ST-ZIP							
TITLE		DELETE	4.4 CITY - S 5.1 TITLE	1-214		Change	Addition
NAME			5.2 NAME			change	
STREET ADDRESS			5.3 STREET	Annbeec			j
CITY-ST-ZIP			5.4 City - S	- 1			
TITLE CARA		DELETE	6.1 TITLE	11 - TIL		Change	Addition
NAME CENT			6.2 NAME				
STREET ADDRESS	A STATE OF THE STA		6.3 STREET	ADDRESS			
CITY-SI-ZIP			6.4 CITY - S	- 1			
	ov certify that the information supplied	with this filing does not qual			d in Section 119.07(3)(i), Florida Statutes. I	further certify that	the
informatio I am an of appears ir	n indicated on this annual report or si flicer or director of the corporation or n Block 12 or Block 13 if changed, or	upplemental annual report is the receiver or trustee empoy on en atlachment with an ad	true and acci vered to exec dress	urate and that tute this repor	d in Section 119.07(3)(i), Florida Statutes. I my signature shall have the same legal e y as required by Chapter 617, Florida Stat	ffect as if made un utes; and that my	ider oath; that name