

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16764

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: JACKSONVILLE CORVETTE CLUB, INC.

## Current Principal Place of Business:

1483 MALLARD LAKE AVE  
JACKSONVILLE, FL 32259 US

## New Principal Place of Business:

4456 TIMBER HOLLOW WAY  
JACKSONVILLE, FL 32224 US

## Current Mailing Address:

1483 MALLARD LAKE AVE  
JACKSONVILLE, FL 32259 US

## New Mailing Address:

4456 TIMBER HOLLOW WAY  
JACKSONVILLE, FL 32224 US

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

## Name and Address of Current Registered Agent:

RAUSCH, LAWRENCE R.  
712 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE, FL 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: MCKEE, WILLIAM  
Address: 1483 MALLARD LAKE AVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete  
Name: MICELI, PAT  
Address: 11659 LADY CLAIRE CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: T ( ) Delete  
Name: SMITH, TOM  
Address: 4625 MONUMENT POINT CIR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete  
Name: CARNEY, HARRIET  
Address: 11809 CARREEKEE DR  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: TRUSLOW, MORRIS  
Address: 11837REMSEN RD  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCLENNON, ROBERT  
Address: 4456 TIMBER HOLLOW WAY  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Change ( ) Addition  
Name: CRISP, ALLEN  
Address: 2942 COUNTRY CLUB BLVD  
City-St-Zip: ORANGE PARK, FL 32073

Title: T (X) Change ( ) Addition  
Name: SNIDER, THEODORE R  
Address: 11822 CATRAKEE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: S (X) Change ( ) Addition  
Name: GUSTAFSON, GUS  
Address: 96205 BAY VIEW DR.  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D (X) Change ( ) Addition  
Name: MORRIS, BUD  
Address: 5566 MARINERS COVE DR  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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: THEODORE R. SNIDER

T

03/07/2007

Electronic Signature of Signing Officer or Director

Date