2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# N16764

Entity Name: JACKSONVILLE CORVETTE CLUB, INC.

Current Principal Place of Business:

4456 TIMBER HOLLOW WAY
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4456 TIMBER HOLLOW WAY
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 03-0379110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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: MCLENNON, ROBERT
Address: 4456 TIMBER HOLLOW WAY
City-St-Zip: JACKSONVILLE, FL 32224

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ANTHONY, ALAN
Address: 205 3RD STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

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

Title: S (X) Change ( ) Addition
Name: MCLENNON, SHERYL
Address: 4456 TIMBER HOLLOW WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change ( ) Addition
Name: MCDONALD, NANCY
Address: 14461 WOODFIELD CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32258

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: THEODORE R. SNIDER T 03/11/2008

Electronic Signature of Signing Officer or Director — Date