2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16764

FILED Mar 20, 2009 Secretary of State

Entity Name: JACKSONVILLE CORVETTE CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 4456 TIMBER HOLLOW WAY JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 4456 TIMBER HOLLOW WAY JACKSONVILLE, FL 32224 US FEI Number: 03-0379110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAUSCH, LAWRENCE R 712 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MCLENNON, ROBERT MCLENNON, ROBERT R Name: Name: 4456 TIMBER HOLLOW WAY Address: 4456 TIMBER HOLLOW WAY Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: Title: (X) Change () Addition () Delete Name: ANTHONY, ALAN Name: RUNCK, THOMAS Address: 205 3RD STREET Address: 4837 NAHANE WAY City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: JACKSONVILLE, FL 32259 Title: () Delete Title: () Change () Addition SNIDER, THEODORE R Name: Name: 11822 CATRAKEE DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCLENNON, SHERYL Name: Address: 4456 TIMBER HOLLOW WAY Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: () Delete Title: () Change () Addition MCDONALD, NANCY Name: Name: 14461 WOODFIELD CIRCLE SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: () Change (X) Addition POWELL, JOSEPH Name: Name: Address: Address: 11841 CATRAKEE DRIVE JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip:

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 TREA 03/20/2009