FILE NOW: FILING FEE IS \$61.25

NONPTOFIT CONTRATION COLORATION 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N2380

(9)

CAPITAL CITY CLASSIC CHEVY CLUB OF TALLAHASSEE, INC.				
Principal Place of Business	Mailing Address		4 seetings his used sive, sells 68118 folk high	i dibis dibit dibil dibil dibil ibdi
P O BOX 37175 P O BOX 37175 TALLAHASSEE FL \$2315-4175 TALLAHASSEE FL \$2315-4175		5	3. Date Incorporated or Qualified 12/10/1987	
			4. FEI Number 59-3226679	Applied For Not Applicable
Principal Place of Business The Principal Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State City & State		***************************************	7. Is this nonprofit corporation a homeow	
23	28		☐ Yes	
Zip Country 25	Zip 3	Country	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible ☐ Yes ☐ No
9. Name and Address of Current I		1	10. Name and Address of New Register	
		81 Name C	Smith Rol	·
CAYSON, BILL			hers (P.O. Box Number) Not Acceptable)	\
1903 ROSEDALE DR		843	1 Olde Post Roa	<u>d</u>
TALLAHASSEE FL 32303		83 843	7 Olde Post Road	f
:		B4 City	Mahassee F	L 85 Zip Code 32315
11. Pursuant to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the above-named cor		
11. Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the orthogetic	Florida. Such change was au ons of, Section 617.0503, Flori	thorized by the corpora da Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE DOB SMITH	•		4/28/	198
Signature, typed or printed name of registered agent a		Registered Agent signature requ		
12. OFFICERS AND I	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS /	Change Addition
NAME HARPER, L MCRAE		1,2 NAME		Onungo receive
STREET ADDRESS 2516 BETTON WOODS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE PT	DELETE	2.1 TITLE Secy	Panya Gibbens 4307 Scawthorn D	Change 🔀 Addition
NAME CAYSON, BILL		22 NAME	4307 Somethown D	γ. I
STREET ADDRESS 1903 ROSEDALE DR		2.3 STREET ADDRESS	Tollahorsea El 30	203
TALLAHASSEE FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	INTIMADEL, FI 32	Change Addition
NAME ENGLEHART, GENE	and Period	3.2 NAME		٠٠٠٠٠٠١ ــــ
STREET ADDRESS 1113 MISSIONWOOD LN		3.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL 32304		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME QLESSNER, LINDA		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL		4.3 STREET ADDRESS		į
TITLE DIVERSE O	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME AVIROM, ART		5.2 NAME		
STREET ADDRESS 2041 SHADY OAKS DR				I
CITY-ST-ZIP TALLAHASSEE FL 32303		5.3 STREET ADDRESS		
TITLE		5.4 CITY-ST-ZIP		
***************************************	☐ DELETE	5.4 CITY-ST-ZIP	Boh Sunth	☐ Change
NAME STREET ADDRESS	☐ DELETE	5.4 CITY-ST-ZIP	Bob Smith 8437 oile fost Rd. Tallahassee, Fl. 32	☐ Change

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the ecover or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an alternment with an address.

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4/28/98 850-877-968

FILED

Jul 16 1998 8:00am

Secretary of State