

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90659 038 ****61.25

DOCUMENT # N23809

1. Entity Name
CAPITAL CITY CLASSIC CHEVY CLUB OF
TALLAHASSEE, INC.



Principal Place of Business
P O BOX 37175
TALLAHASSEE, FL 32315-4175

Mailing Address
P O BOX 37175
TALLAHASSEE, FL 32315-4175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3226679

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLESSNER, LINDA D
8914 LEE REEVES ROAD
T
TALLAHASSEE, FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda D. Glessner, LINDA D. GLESSNER

4/29/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME CAYSON, BILL
STREET ADDRESS 1903 ROSEDALE DR.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Change ☒ Addition
NAME ANDY GIBBENS
STREET ADDRESS 4307 SCANTHORN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D ☐ Delete
NAME GLESSNER, LINDA
STREET ADDRESS 8914 LEE REEVES
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE (TREASURER) ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DENNARD, GAIL
STREET ADDRESS 3674 N. JEFFERSON RD.
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME PLACHY, REUBEN C
STREET ADDRESS 3436 CHEROKEE RIDGE TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 323123608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GLESSNER, CLAY
STREET ADDRESS 8914 LEE REEVES
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME BARINEAU, STANLEY
STREET ADDRESS 7026 BLUEBERRY HILL DR
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda D. Glessner, LINDA D. GLESSNER

850-222-1421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/04 Daytime Phone #