

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 016 ****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 <i>Same</i>		3. Mailing Address <i>Same</i>		 07052005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3226679				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLESSNER, LINDA D 8914 LEE REEVES ROAD T TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent 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 <i>Linda D. Glessner</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>7/27/05</i>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBBENS, ANDY		NAME		
STREET ADDRESS	4307 SCAWTHORN DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32303		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLESSNER, LINDA		NAME		
STREET ADDRESS	8914 LEE REEVES		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32309		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNARD, GAIL		NAME		
STREET ADDRESS	3674 N. JEFFERSON RD.		STREET ADDRESS		
CITY - ST - ZIP	MONTICELLO, FL 32344		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLACHY, REUBEN C		NAME		
STREET ADDRESS	3436 CHEROKEE RIDGE TRAIL		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 323123608		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLESSNER, CLAY		NAME		
STREET ADDRESS	8914 LEE REEVES		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32309		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARINEAU, STANLEY		NAME		
STREET ADDRESS	7026 BLUEBERRY HILL DR		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32303		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: <i>Linda D. Glessner</i> LINDA D. GLESSNER (T) <i>7/27/05</i> <i>850-668-0359</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					