

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90191 035 \*\*\*\*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

**50017240**



2. Principal Place of Business  
**N/A**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006

Chg-NP

CR2E037 (11/05)

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 **N/A**

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.

**LINDA D. GLESSNER**

SIGNATURE

*Linda D. Glessner, Treasurer*

**4/25/06**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **GIBBENS, ANDY**  
STREET ADDRESS **4307 SCAWTHORN DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **V** ☒ Change ☒ Addition  
NAME **GIBBENS, ANDY**  
STREET ADDRESS **3991 CAMINO REAL**  
CITY-ST-ZIP **TALLAHASSEE, FL 32311**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **LINDA ROYSTER**  
STREET ADDRESS **4101 HENIARD DR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **RICHARD ROYSTER**  
STREET ADDRESS **4101 HENIARD DR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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 exemptions contained 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 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.

**LINDA D. GLESSNER**

**SIGNATURE:**

*Linda D. Glessner, Treasurer*

**4/25/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #