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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26001

1. Corporation Name

ANTIQUE & CLASSIC AUTO CLUB TITUSVILLE, FLA., IN
C.

Principal Place of Business

2121 SO HOPKINS AVE.
TITUSVILLE FL 32780
US

Mailing Address

P.O. BOX 5837
TITUSVILLE FL 32783
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/20/1988

4. FEI Number

59-2961610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FRED MOATS
1018 ALBIN ST
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME LARSON, JOHN
STREET ADDRESS 1925 FOSSE WAY
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE V ☒ DELETE

NAME LACOY, JIM
STREET ADDRESS 102 S SINGLETON AV
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE S ☒ DELETE

NAME DODD, EILEEN
STREET ADDRESS 1785 COWAN DRIVE
CITY-ST-ZIP TITUSVILLE FL

TITLE TD ☐ DELETE

NAME DON BOSHARA
STREET ADDRESS 3825 COTTONWOOD DRIVE
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☐ DELETE

NAME HOWARD EARLES
STREET ADDRESS 4037 FAIRFAX RD
CITY-ST-ZIP MIMS FL

TITLE D ☐ DELETE

NAME FRED MOATS
STREET ADDRESS 1018 ALBIN ST
CITY-ST-ZIP COCOA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME JIM LACOY
1.3 STREET ADDRESS 102 S. SINGLETON
1.4 CITY-ST-ZIP TITUSVILLE, FL 32796

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME KEVIN MANGOLD
2.3 STREET ADDRESS 4870 CATHEDRAL WAY
2.4 CITY-ST-ZIP TITUSVILLE, FL 32780

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME ALICE LACOY
3.3 STREET ADDRESS 102 S. SINGLETON
3.4 CITY-ST-ZIP TITUSVILLE, FL 32796

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 supplemental 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 receiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99 407-268-3284
Date Daytime Phone #

CR2E037 (11/98)