



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N28239 1. Entity Name FORD-LINCOLN-MERCURY CLUB OF FLORIDA, INC.	
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Principal Place of Business C/O JOSEPH WINKELMANN 3141 W. EUCLID AVE TAMPA, FL 33629	Mailing Address C/O JOSEPH WINKELMANN 3141 W. EUCLID AVE TAMPA, FL 33629
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07112006 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2929122	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WINKELMAN, JOSEPH 3141 W EUCLID AVE TAMPA, FL 33629

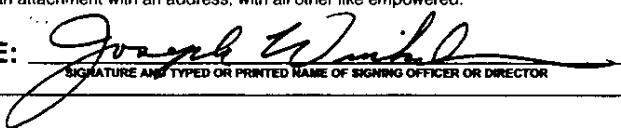
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000576697 09/13/06-80001-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINKELMAN, JOSEPH 3141 W. EUCLID AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APPLE, MARIO 1303 H 83RD AVE H SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	9/16/09 <small>Date</small>	813-839-0241 <small>Daytime Phone #</small>