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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



DOCUMENT # N34599 (3) ALFA ROMEO CLUB OF CENTRAL FLORIDA, INC.								1 1111 1111
Principal Place	e of Business	Mailing Address				<u> </u>		
1741 MOHAWK MAITLAND FL 3	ı							
1 . 12 .				}	3. Date Incorporated or Qualified 10/10/1989	3a. Date of 02/2	Last Repo 29/1996	
2. Principal Pl	Salisbury Blvd	28 2824 Salis 6	W Blud		4. FEI Number 59-3004628			ed For pplicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	3.75 Add Fee Regul	litional
	er Park, FI	City & State Park	FL		Election Campaign Financing Trust Fund Contribution	\$	5.00 Ma	y Be
Zip	Country	Zip	Country		B. This corporation has liability for	intangible tax u		
24 5278	9. Name and Address of Current		0 43/4		Florida Statutes 10. Name and Address of New Re	Yes No		
3008 EA	, Robert W. St Robinson St. O FL 32808		81 Name 82 Street	Addres	ss (P.O. Box Number is Not Acceptal	ole)		
			84 City	*		FL 85	Zip Cod	de
SIGNATURE		DIRECTORS	Registered Agent signature		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	☐ DELETE	1.1 TITLE	VP	Laughlin - Ellen	X) 0		Additio
NAME	MCLAUGHLIN ELLEN		1.2 NAME	112	ol N Niblick Ln	BOX10	3	
STREET ADDRESS	3008 EAST ROBINSON ST.		1.3 STREET ADDRESS	96	ake Mary pl. 3	, 274 . - 2	٠ ١ ١ ١	
CITY-ST-ZIP TITLE	LAKE MARY FL 32748	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Time it were PL. 3			Additio
NAME STREET ADDRESS	ELEABETH ANNE HINDMAN 7618 PERSION CT	— pecerg	2.1 MILE 2.2 NAME 2.3 STREET ADDRESS	111	5 salerno Court	•	nango L	<u>-1 MONIO</u>
CITY-ST-ZIP	ORLANDO FL 32819		2 4 CITY-ST-ZIP	ြ	rland, Pl. \$2809	! ·		
TITLE	D	DELETE	3.1 TITLE				hange _	Additio
NAME	KIEFFER, ROBERT		3.2 NAME					
STREET ADDRESS	3008 EAST ROBINSON ST. ORLANDO FL		3.3 STREET ADDRESS					
CITY-ST-ZIP	VP	₩ DELĒTE	3.4. CITY-ST-ZIP 4.1 TITLE	8	· · · · · · · · · · · · · · · · · · ·	1 10	hange 2	Additio
NAME	POPEK, GREG	LON DECEM	4. 2 NAME		Robert 5 miller	_	imirgo Ka	FINDERO
STREET ADDRESS	454 LOBLOLLY LANE		4.3 STREET ADDRESS		Robert 5 miller	Dr.		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ىد	sintersprings, PL	. 32708		
TITLE	P	☐ DELETE	5.1 TITLE	Α			hange [Additio
NAME	HENDERSON, JOHN		5,2 NAME					
STREET ADDRESS	1741 MOHWAK TRAIL		5.3 STREET ADDRESS					
CITY-ST-ZIP	MAITLAND FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	<u> </u>			hange J	Addition
NAME	PRIEP, SHARON	☐ Detrit	6.2 NAME				யரு ட	
STREET ADDRESS	2824 SALISBURY BLVD		6.3 STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32789		6.4 CITY-S1-ZIP					
	v certify that the information supplied	with this filing does not qualify		tated in	Section 119 07(3)(i) Florida Statute	s. I further certi	v 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.

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