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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34599** (3)

1. Corporation Name

ALFA ROMEO CLUB OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**2824 SALISBURY BLVD
WINTER PARK FL 32789
US**

**2824 SALISBURY BLVD
WINTER PARK FL 32789
US**

3. Date Incorporated or Qualified

10/10/1989

4. FEI Number

59-3004628

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEFFER, ROBERT W.
3008 EAST ROBINSON ST.
ORLANDO FL 32803**

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 617.0508, Florida Statutes.

SIGNATURE

Robert W. Keffer
Signature, typed or printed name of registered agent and file if applicable

Robert W. Keffer
(NOTE: Registered Agent signature required when reinstalling)

2/14/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VP
MCLAUGHLIN ELLEN**
STREET ADDRESS **401 N NIBLICK LN, BOX 103**
CITY-ST-ZIP **LAKE MARY FL 67**

TITLE ☐ DELETE

NAME **S
ELEABETH ANNE HINDMAN**
STREET ADDRESS **1115 SALERNS CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **D
KIEFFER, ROBERT**
STREET ADDRESS **3008 EAST ROBINSON ST.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **P
MILLER, ROBERT**
STREET ADDRESS **679 SILVERCREEK DR**
CITY-ST-ZIP **WINTER SPRINGS FL 42**

TITLE ☐ DELETE

NAME **D
HENDERSON, JOHN**
STREET ADDRESS **1741 MOHWAK TRAIL**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME **T
PRIEP, SHARON**
STREET ADDRESS **2824 SALISBURY BLVD**
CITY-ST-ZIP **WINTER PARK FL 32789**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)(l), 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.

SIGNATURE: *Sharon A. Priep* **Sharon A. Priep** **2/14/98** **407-822-0208**
Signature, typed or printed name of officer or director Date Filing Price

CR2E037 (10/97)