

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90180 024 ****61.25

DOCUMENT # N34599

1. Corporation Name

ALFA ROMEO CLUB OF CENTRAL FLORIDA, INC.

Principal Place of Business

2824 SALISBURY BLVD
WINTER PARK FL 32789
US

Mailing Address

2824 SALISBURY BLVD
WINTER PARK FL 32789
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
10/10/1989

4. FEI Number
59-3004628

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

KEIFFER, ROBERT W.
3008 EAST ROBINSON ST.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name Keiffer, Robert W.

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

83 319 N. Ferncreek Ave.

84 City Orlando

FL 85 Zip Code 32803

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VP
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)(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: Sharon A. Priep Sharon A. Priep 3/10/99 407-628-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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