

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34599

FILED
Apr 23, 2004
Secretary of State

Entity Name: ALFA ROMEO CLUB OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1751 CHINOOK TRAIL
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

1751 CHINOOK TRAIL
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-3004628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEIFER, ROBERT W
319 N FERN CREEK AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MCLAUGHLIN, ELLEN
Address: 401 N NIBLICK LN, BOX 103
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: HENDERSON, JOHN
Address: 1751 CHINOOK TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: THEODORE, ROBERT
Address: 9501 KILGORE RD
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: MORGAN, ERIC
Address: 806 E ANDERSON ST
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: HENDERSON, DIANE
Address: 1751 CHINOOK TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: JONES, PAUL
Address: 9089 WOODBREEZE BLVD
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE HENDERSON

S

04/23/2004

Electronic Signature of Signing Officer or Director

Date