FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **N41804** **(8)**

1. Corporation Name

HERITAGE CORVETTE CLUB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
875 VILLAGE WAY P O BOX 2254 PALM HARBOR FL 34682	875 VILLAGE WAY P O BOX 2254 PALM HARBOR FL 34682

3. Date Incorporated or Qualified: 01/24/1991
3a. Date of Last Report: 06/20/1994
4. FEI Number: 59-3045642 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. P.O. Box 2254
23 City & State	28 City & State Palm Harbor, FL
24 Zip / 25 Country	29 Zip 34682 / 30 Country

9. Name and Address of Current Registered Agent

COLBETH, DIANE
875 VILLAGE WAY
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: NEW ADDRESS
82 Street Address (P.O. Box Number is Not Acceptable): 4312 3rd Ave. NE
83
84 City: Bradenton, FL 34208 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	JANUS, FRANK	12 NAME	PERRY, WAYNE	
STREET ADDRESS	532 WALKER RD.	13 STREET ADDRESS	1291 STONEY BROOK LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	14 CITY-ST-ZIP	DUNEDIN, FL	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	MOORE, PAT	22 NAME	JANUS, JOAN	
STREET ADDRESS	1773 SUNRISE PLACE	23 STREET ADDRESS	532 WALKER ROAD	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	SAFETY HARBOR, FL	
TITLE	VPD	31 TITLE	VPD	☒ Change ☐ Addition
NAME	RAWLINGS, KEVIN	32 NAME	PRUCHER, STEVE	
STREET ADDRESS	145 KENDRA WAY, APT. 507	33 STREET ADDRESS	621 PATRICIA AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	DUNEDIN, FL	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	MILLER, CINDY	42 NAME		
STREET ADDRESS	1552 WEXFORD DR., S.	43 STREET ADDRESS	SAME	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/11/95 797-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joan Janus

0088112