

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 17, 2007  
Secretary of State**

DOCUMENT# N42730

Entity Name: CORVETTE CLUB OF MARION COUNTY, INC.

**Current Principal Place of Business:**

3560 SE 30TH TERRACE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1619  
SILVER SPRINGS, FL 32688

**New Mailing Address:**

FEI Number: 59-3121130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DECONNA, ROGER  
3560 SE 30TH TERRACE  
OCALA, FL 344716820 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: DP      ( ) Delete  
Name: CHILDERS, PHILIP  
Address: 3858 NE 17TH. ST. CIR.  
City-St-Zip: Ocala, FL 34470 US

Title: DT      ( ) Delete  
Name: ABRAMS, JERRY  
Address: 18593 SE 55TH PLACE  
City-St-Zip: Ocklawaha, FL 321793486 US

Title: DS      ( ) Delete  
Name: HARRINGTON, MARIE  
Address: 5038 SE 6TH. AVE.  
City-St-Zip: Ocala, FL 34480 US

Title: DV      ( ) Delete  
Name: GOODMAN, JERRY  
Address: 9152 SW 83RD.AVENUE  
City-St-Zip: Ocala, FL 34481 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DS      (X) Change ( ) Addition  
Name: WIGGIN, DONNA  
Address: 5710 SW 108TH. ST.  
City-St-Zip: Ocala, FL 34476 US

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 Chapter 119, 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: JERRY ABRAMS

DT

03/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date