

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42730

FILED
Jan 16, 2009
Secretary of State

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: GOODMAN, JERRY
Address: 9152-A SW 83RD. AVE
City-St-Zip: OCALA, FL 34481 US

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

Title: DS () Delete
Name: WIGGIN, DONNA
Address: 5710 SW 108TH. ST.
City-St-Zip: OCALA, FL 34476 US

Title: DV () Delete
Name: MESSENGER, DON
Address: 10567 SW 60TH. TERRACE
City-St-Zip: OCALA, FL 34476 US

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:

I hereby certify that the information supplied with this filing does not qualify 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date