

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42730

**FILED**  
**Jan 13, 2011**  
**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 34489

**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  
Name: MESSENGER, DONALD  
Address: 10567 SW 29TH. TERRACE  
City-St-Zip: OCALA, FL 34476 US

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

Title: DS  
Name: NEWSOM, CLAIRE  
Address: 23650 NE 124TH. PLACE ROAD  
City-St-Zip: SALT SPRNGS, FL 32134 US

Title: DV  
Name: RAYMOND, FRANK  
Address: 1849 NE 29TH. STREET  
City-St-Zip: OCALA, FL 34479 US

I hereby 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 all other like empowered.

SIGNATURE: JERRY ABRAMS

DT

01/13/2011

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

\_\_\_\_\_  
Date