


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90083 032 \*\*\*\*61.25

<b>DOCUMENT # N48558</b> 1. Entity Name <b>THE FLORIDA SUNCOAST MG CAR CLUB, INC.</b>					
Principal Place of Business <b>8632 18TH WAY N. ST PETERSBURG, FL 33702 US</b>			Mailing Address <b>PO BOX 0251 TAMPA, FL 33601-0251 US</b>		
2. Principal Place of Business <b>750 KIRKWOOD TERR N.</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>ST. PETERSBURG, FL</b>			City & State		
Zip <b>33702</b>		Country <b>USA</b>		Zip	
Country		Country		4. FEI Number <b>59-3155570</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LENHARD, GLENN 750 KIRKWOOD TERR N. ST PETERSBURG, FL 33701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u><i>Glenn Lenhard</i></u> <u><i>PRESIDENT</i></u> <u><i>3/10/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>JACQUES, RUSSELL</b> <b>15905 LAYTON CT.</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>DAVID TIEZ</b> <b>4001 21ST AVENUE N.</b> <b>ST. PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>RAUCH, BRUCE</b> <b>8632 18TH WAY N</b> <b>SAINT PETERSBURG, FL 33702</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>GLENN LENHARD</b> <b>750 KIRKWOOD TERRACE N.</b> <b>ST. PETERSBURG, FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>CANNARELLA, ROBERT</b> <b>12309 GLENCLIFF CIR.</b> <b>TAMPA, FL 33626</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>STEPHEN MCDOWELL</b> <b>9810 WYDELLA STREET</b> <b>RIVER VIEW, FL 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>LENHARD, GAIL</b> <b>750 KIRKWOOD TERR. N.</b> <b>ST. PETERSBURG, FL 33701</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CARSON, BARRIE</b> <b>2573 FRISCO DR.</b> <b>CLEARWATER, FL 33761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GILLEY, JOHN</b> <b>4816 8TH AVE. N.</b> <b>ST. PETERSBURG, FL 33713</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Glenn G. Lenhard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>3/11/05</i></u> <u><i>727/521-9890</i></u> <small>Date Daytime Phone #</small>		