

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N50218** (9)

1. Corporation Name

THE VETTE SET CORVETTE CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4158
GAINESVILLE FL 32613-4158

P.O. BOX 4158
GAINESVILLE FL 32613-4158

3. Date Incorporated or Qualified

07/30/1992

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAN, CAROL
6401 N.W. 56TH LANE
GAINESVILLE FL 32653

81

Name **JEFF TICE**

82

Street Address (P.O. Box Number is Not Acceptable)

2324 N.W. 42nd Place

83

84

City

GAINESVILLE

FL

85

Zip Code

32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **BEAN, CAROL**
STREET ADDRESS **6401 NW 56 LANE**
CITY - ST - ZIP **GAINESVILLE FL**

TITLE **VD** ☒ DELETE

NAME **HOLTON, DAN**
STREET ADDRESS **14617 SW 79TH ST.**
CITY - ST - ZIP **ARCHER FL**

TITLE **SD** ☐ DELETE

NAME **STILWELL, CHARLOTTE**
STREET ADDRESS **19185 NW 88TH AVE.**
CITY - ST - ZIP **REDDICK FL**

TITLE **TD** ☒ DELETE

NAME **GEORGESON, SANDY**
STREET ADDRESS **5724 N.W. 16TH LANE**
CITY - ST - ZIP **GAINESVILLE FL 32605-2220**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **TICE, JEFF**
1.3 STREET ADDRESS **2324 N.W. 42nd Place**
1.4 CITY - ST - ZIP **GAINESVILLE, FL. 32605**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **SILODZINSKI, BRIAN**
2.3 STREET ADDRESS **P.O. BOX 1491**
2.4 CITY - ST - ZIP **NEWBERRY, FL. 32669**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **SILODZINSKI, ROXANNE**
4.3 STREET ADDRESS **P.O. Box 1491**
4.4 CITY - ST - ZIP **NEWBERRY, FL. 32669**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: **Roxanne Slodzinski** **Roxanne Slodzinski** **4/2/96** **352-373-7904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)