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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1992</b>	3a. Date of Last Report <b>04/11/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3137362</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TICE, JEFF**  
**2324 NW 42ND PLACE**  
**GAINESVILLE FL 32605**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TICE, JEFF	1.2 NAME	Bean, Carol
STREET ADDRESS	2324 NW 42ND PLACE	1.3 STREET ADDRESS	6401 NW 56th
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32653
TITLE	VD	2.1 TITLE	VD
NAME	SLODZINKSKI, BRIAN	2.2 NAME	Vi Paul
STREET ADDRESS	PO BOX 1491	2.3 STREET ADDRESS	8419 CR 352
CITY-ST-ZIP	NEWBERRY FL	2.4 CITY-ST-ZIP	KEYSTONE HTS FL 32656
TITLE	SD	3.1 TITLE	SAME
NAME	STILWELL, CHARLOTTE	3.2 NAME	CHARLOTTE STILWELL
STREET ADDRESS	19185 NW 88TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDDICK FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	SLODZINKSKI, ROXANNE	4.2 NAME	CANSEL BASS
STREET ADDRESS	PO BOX 1491	4.3 STREET ADDRESS	3734 SW 56 RD
CITY-ST-ZIP	NEWBERRY FL	4.4 CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:

*Carol A. Bean*

03/31/97 (352) 375-8570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011939

CR2E037 (9/96)