

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90043 009 ****61.25

DOCUMENT # N50218

1. Corporation Name

THE VETTE SET CORVETTE CLUB, INC.

Principal Place of Business

P O BOX 4158
GAINESVILLE FL 32608
US

Mailing Address

3734 SW 56 RD
GAINESVILLE FL 32608
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P.O.Box 4158

Suite, Apt. #, etc.

27 City & State

28 Gainesville, FL

29 Zip Country

30

31

3. Date Incorporated or Qualified

07/30/1992

4. FEI Number

59-3137362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TICE, JEFF
2324 NW 42ND PLACE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

Paul, Rodney C.

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

5419 CR 352

83

84 City

Keystone Heights

FL

85

Zip Code

32656

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 Rodney C. Paul
Signature, typed or printed name of registered agent and title if applicable.

Rodney C. Paul

April 27, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BEAN, CAROL
STREET ADDRESS 6401 NW 56 LN
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE
NAME PAUL, VI
STREET ADDRESS 5419 CR 352
CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE SD ☐ DELETE
NAME STILWELL, CHARLOTTE
STREET ADDRESS 19185 NW 88TH AVE.
CITY-ST-ZIP REDDICK FL

TITLE TD ☐ DELETE
NAME BASS, CANSEL
STREET ADDRESS 3734 SW 56 RD
CITY-ST-ZIP GAINESVILLE FL

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 ☒ Change ☐ Addition
1.2 NAME Monks, Mary
1.3 STREET ADDRESS 10334 SW 282nd Street
1.4 CITY-ST-ZIP Newberry, FL 32669

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME SD Paul, Viola
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Keystone Heights, FL 32656

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD Colvin, William
3.3 STREET ADDRESS 26114 SW 2nd Avenue
3.4 CITY-ST-ZIP Newberry, FL 32669

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Vermazen, Linda
4.3 STREET ADDRESS 615 NW 102 Terrace
4.4 CITY-ST-ZIP Gainesville, FL 32607

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Viola Paul SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999 (352) 395-0301

Date

Daytime Phone #

CR2E037 (1/98)