

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90317 035 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

20039416

DOCUMENT # N50218 1. Entity Name THE VETTE SET CORVETTE CLUB, INC.					
Principal Place of Business P O BOX 5322 GAINESVILLE, FL 32601 US			Mailing Address P O BOX 5322 GAINESVILLE, FL 32601 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAUL, RODNEY C 7986 COUNTY LINE ROAD MELROSE, FL 32666				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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>n/a</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, ROGER L		NAME	Dion Cole	
STREET ADDRESS	932 NW 45TH TERR		STREET ADDRESS	256 SW Gentle Glen	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, DION		NAME	Paul Antel	
STREET ADDRESS	RT 14 BOX 494		STREET ADDRESS	346 SW Brookwood Drive	
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLTON, DANIEL		NAME	Dan Pope	
STREET ADDRESS	14617 SW 79TH STREET		STREET ADDRESS	853 NW 2nd Avenue	
CITY-ST-ZIP	ARCHER, FL 32618		CITY-ST-ZIP	Williston, FL 32696	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	SALLUSTO, JUDITH		NAME		
STREET ADDRESS	2117 SW 110TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	VIOLA, PAUL		NAME		
STREET ADDRESS	7986 COUNTY LINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELROSE, FL 32666		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Daniel Pope</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date: <u>4/19/05</u> Daytime Phone #: <u>3525285933</u>		