2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2007
Secretary of State

DOCUMENT# N50218

Entity Name: THE VETTE SET CORVETTE CLUB, INC.

Current Principal Place of Business:

P O BOX 5322
GAINESVILLE, FL 32601 US

New Principal Place of Business:

7986 COUNTY LINE ROAD
MELROSE, FL 32666 US

Current Mailing Address:

P O BOX 5322
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3137362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAUL, RODNEY C
7986 COUNTY LINE ROAD
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	MCCOWN, BRUCE	
Address:	116 N. W. 16TH AVE.	
City-St-Zip:	GAINSVILLE, FL 32601 US	
Title:	VD	( ) Delete
Name:	ANTAL, PAUL	
Address:	346 SW BROOKWOOD DR	
City-St-Zip:	LAKE CITY, FL 32024 US	
Title:	T/D	( ) Delete
Name:	POPE, DAN	
Address:	853 NW 2ND AVE	
City-St-Zip:	WILLISTON, FL 32696 US	
Title:	SD	( ) Delete
Name:	VIOLA, PAUL	
Address:	7986 COUNTY LINE ROAD	
City-St-Zip:	MELROSE, FL 32666	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL C ANTAL VD 03/31/2007
Electronic Signature of Signing Officer or Director — Date