

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50218

FILED
Jan 20, 2008
Secretary of State

Entity Name: THE VETTE SET CORVETTE CLUB, INC.

Current Principal Place of Business:

7986 COUNTY LINE ROAD
MELROSE, FL 32666 US

New Principal Place of Business:

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: GAINESVILLE, 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: P/D (X) Change () Addition
Name: HOLTON, DANIEL L
Address: 14617 SW 79TH STREET
City-St-Zip: ARCHER, FL 32618 US

Title: V/D (X) Change () Addition
Name: DEVLIN, FRANK
Address: 6150 NE 131ST AVENUE
City-St-Zip: WILLISTON, FL 32696 US

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

Title: S/D (X) Change () Addition
Name: DEVLIN, ROBERTA
Address: 6150 NE 131ST AVENUE
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL L HOLTON

P/D

01/20/2008

Electronic Signature of Signing Officer or Director

Date