

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2005 90345 024 ****61.25

DOCUMENT # N94000001757

1. Entity Name
SPRING HILL MUSCLE CAR CLUB OF FLORIDA, INC.



Principal Place of Business
**4287 BELLEAIRE DR
SPRING HILL, FL 34607 US**

Mailing Address
**4287 BELLEAIRE DR
SPRING HILL, FL 34607 US**

50040477



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3277572

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICOLAI, JOE
4287 BELLEAIRE DR
SPRING HILL, FL 34607**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PATERNITI, FRANK
3401 CULBREATH RD
BROOKSVILLE, FL 34601** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
NICOLAI, JOE
4287 BELLEAIRE DR
SPRING HILL, FL 34607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SOREL, PATTY
9141 S GREEN TERRACE
HOMOSASSA, FL 34446** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
TUCKER, TARA
2349 WATERFALL DR
SPRING HILL, FL 34608** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Azzariti, Dan
8219 Alhambra Ct.
Spring Hill, FL 34606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Evans, Gerry
5200 Griffin Rd.
Brooksville, FL 34601** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #