

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2008 8:00 am
Secretary of State

08-21-2008 90001 005 ****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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3277572

Applied For
Not Applicable

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

Joe Nicolai, Treasurer

[Signature]

8/19/08

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 September 12, 2008**

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 **Treasurer** ☐ Delete
NAME **NICOLAI, JOE**
STREET ADDRESS **4287 BELLAIRE DR**
CITY-ST-ZIP **BROOKSVILLE, FL 34607**

TITLE **ST** ☒ Delete
NAME **EVANS, GERRY**
STREET ADDRESS **5200 GRIFFIN RD**
CITY-ST-ZIP **SPRING HILL, FL 34601**

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

TITLE **S** ☐ Delete
NAME **PARENTEAU, YVETTE**
STREET ADDRESS **16187 POINTVIEW ROAD**
CITY-ST-ZIP **SPRING HILL, FL 34601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **NICOLAI, JOE**
STREET ADDRESS **4287 Bellaire Dr.**
CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **President** ☐ Change ☒ Addition
NAME **AZZARITI, DAN**
STREET ADDRESS **8219 Alhambra Ct.**
CITY-ST-ZIP **Spring Hill, FL 34606**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/08

Date

Daytime Phone #