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FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005628 (1)

1. Corporation Name

FIRST COAST CORVETTE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6080 PARK STREET
JACKSONVILLE FL 32205**

**POST OFFICE BOX 57671
JACKSONVILLE FL 32241-7671**



3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

59-3035912

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TERRY, RONALD E
6080 PARK STREET
JACKSONVILLE FL 32205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **COE, ANNE M**
STREET ADDRESS **8416 FT CAROLINE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DOUG JOHNSON**
1.3 STREET ADDRESS **12158 BLACK FOOT COURT**
1.4 CITY-ST-ZIP **JACKSONVILLE FLA 32223**

TITLE **VD** ☒ DELETE
NAME **WILLIAMS, JANE**
STREET ADDRESS **3747 PARK ST**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **DAVID WYNTER**
2.3 STREET ADDRESS **6729 ALISMA LANE**
2.4 CITY-ST-ZIP **JACKSONVILLE FLA 32244**

TITLE **TD** ☐ DELETE
NAME **KANASZKA, THOMAS**
STREET ADDRESS **1925 TANGLEWOOD RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **REED, LINDA**
STREET ADDRESS **44 SOLANA RD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **PHYLISS HAVERKAMP**
4.3 STREET ADDRESS **848 OLEAN BLVD**
4.4 CITY-ST-ZIP **ATLANTIC BCH. FLA 32233**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas Kanaszka

THOMAS KANASZKA

2/13/98

904-249-8405

CR2E037 (10/97)