

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90008 023 ****61.25

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1. Corporation Name

FIRST COAST CORVETTE ASSOCIATION, INC.

Principal Place of Business

6080 PARK STREET
JACKSONVILLE FL 32205

Mailing Address

POST OFFICE BOX 57671
JACKSONVILLE FL 32241-7671



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

59-3035912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TERRY, RONALD E
6080 PARK STREET
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

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

TITLE PD ☒ DELETE
NAME JOHNSON, DOUG
STREET ADDRESS 12158 BLACKFOOT COURT
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VD ☒ DELETE
NAME WYNTER, DAVID
STREET ADDRESS 6729 ALISMA LANE
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE SD ☒ DELETE
NAME HAVERKAMP, PHYLISS
STREET ADDRESS 848 OCEAN BLVD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME 5079 SANCLERC PROS
1.3 STREET ADDRESS LAX FL 32217 J.C. Kersy
1.4 CITY-ST-ZIP

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME ANNE COE
2.3 STREET ADDRESS 8416 FT CAROLINE RD
2.4 CITY-ST-ZIP FAX FL 32277

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

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME LINDA REED
4.3 STREET ADDRESS 44 SOLANO RD.
4.4 CITY-ST-ZIP PONTE VEDRA BCH FL 32082

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

Thomas Kanaszka SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

904.2498405

Daytime Phone #

CR2E037 (11/98)