

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Motham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 06 1997 8:00am  
Secretary of State

DOCUMENT # N96000000720 (0)

1. Corporation Name

THE WANDERERS CAR CLUB, INC.

Principal Place of Business

Mailing Address

1123 TRELUS DRIVE  
HOMOSASSA FL 34448

1123 TRELUS DRIVE  
HOMOSASSA FL 34448



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEATER, LARRY  
1123 TRELUS DRIVE  
HOMOSASSA FL 34448

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 ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME ☐ Change ☒ Addition

1.3 STREET ADDRESS ☐ Change ☒ Addition

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ☐ Change ☒ Addition

2.3 STREET ADDRESS ☐ Change ☒ Addition

2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME ☐ Change ☒ Addition

3.3 STREET ADDRESS ☐ Change ☒ Addition

3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ☐ Change ☒ Addition

4.3 STREET ADDRESS ☐ Change ☒ Addition

4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ☐ Change ☒ Addition

5.3 STREET ADDRESS ☐ Change ☒ Addition

5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME ☐ Change ☒ Addition

6.3 STREET ADDRESS ☐ Change ☒ Addition

6.4 CITY-ST-ZIP ☐ Change ☒ Addition

14. I do 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, changed, or on an attachment to an address.

SIGNATURE SIGNATURE REQUIRED

352-513-6092

CR2E037 (4/97)