


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000720	
1. Entity Name THE WANDERERS CAR CLUB, INC.	

Principal Place of Business 8740 E LARIAN CT INVERNESS, FL 34450	Mailing Address 730 N SETONN AVE NOBLETON, FL 34661
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3344852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BROWN, JOANN
730 N SETON AVE
LECANTO, FL 34461**

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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 _____ (NOTE: Registered Agent signature required when resetting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000103512 04/05/04-80059-006 61.25
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10. OFFICERS AND DIRECTORS

TITLE PD	BROWN, ROYAL
NAME	
STREET ADDRESS	8740 E LARLAN CT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE VPD	CALISE, FRANK
NAME	
STREET ADDRESS	9100 S FILLY PL
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE D	GOLSNER, ROSE
NAME	
STREET ADDRESS	21015 SW 87TH PL
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE TD	BROWN, JOANN
NAME	
STREET ADDRESS	730 N SETON AVE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE SD	LUNCEFORD, WILDA
NAME	
STREET ADDRESS	8290 E FEDERAL PARK DR
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joann Brown* April 3, 2004 352-341-7741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #