


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90071 010 \*\*\*\*61.25

<b>DOCUMENT # N96000000720</b> 1. Entity Name <b>THE WANDERERS CAR CLUB, INC.</b>					
Principal Place of Business <b>8740 E LARIAN CT INVERNESS, FL 34450</b>			Mailing Address <b>730 N SETONN AVE NOBLETON, FL 34661</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>483 E Lancaster St</b> Suite, Apt. #, etc.			
City & State <b>Lecanto, FL</b>		City & State <b>Lecanto, FL</b>		4. FEI Number <b>59-3344852</b>	
Zip <b>34461</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWN, JOANN 730 N SETON AVE LECANTO, FL 34461</b>			7. Name and Address of New Registered Agent Name <b>DeFrancisco, Peggy</b> Street Address (P.O. Box Number is Not Acceptable) <b>483 E Lancaster St</b> City <b>Lecanto</b> <b>FL</b> Zip Code <b>34461</b>		
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 <b>Peggy DeFrancisco TD</b> <b>Peggy DeFrancisco TD</b> <b>3/10/05</b> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ROYAL 8740 E LARIAN CT INVERNESS, FL 34450	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CALISE, FRANK 9100 S FILLY PL INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLSNER, ROSE 21015 SW 87TH PL DUNNELLON, FL 34431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, JOANN 730 N SETON AVE LECANTO, FL 34461	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DeFrancisco, Peggy 483 E Lancaster St Lecanto, FL 34461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNCEFORD, WILDA 8290 E FEDERAL PARK DR FLORAL CITY, FL 34436	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD mayhew, Eileen 14590 W Cherry Pop Dr Hernando, FL 34453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.. <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <b>Peggy DeFrancisco TD</b> <b>Peggy DeFrancisco TD</b> <b>3/10/05</b> <b>352/126-1907</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					