2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000720

1. Entity Name
THE WANDERERS CAR CLUB, INC.

Principal Place of Business	Mailing Address
8740 E LARIAN CT INVERNESS, FL 34450	483 E LANCASTER ST LECANTO, FL 34461

DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3344852
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEFRANCISCO, PEGGY
483 E LANCASTER ST
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: Peggy DeFrancisco TD Peggy DeFrancisco TD 3/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000475330
04/05/06-80011-008 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	BROWN, ROYAL
STREET ADDRESS	8740 E LARLAN CT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	VPD
NAME	CALISE, FRANK
STREET ADDRESS	9100 S FILLY PL
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	D
NAME	GOLSNER, ROSE
STREET ADDRESS	21015 SW 87TH PL
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	TD
NAME	DEFRANCISCO, PEGGY
STREET ADDRESS	483 E LANCASTER ST
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	SD
NAME	MAYHEW, EILEEN
STREET ADDRESS	1459 N CHERRY POP DR
CITY-ST-ZIP	HERNANDA, FL 34453
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 exemptions contained in Chapter 119, 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: Peggy DeFrancisco TD Peggy DeFrancisco TD 3/14/06 352/726-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #