2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N96000000720 03-12-2007 90363 034 ****61.25 THE WANDERERS CAR CLUB, INC. Mailing Address Principal Place of Business 40000 8740 E LARIAN CT **483 E LANCASTER ST** LECANTO, FL 34461 INVERNESS, FL 34450 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Chq-NP CR2E037 (12/06) Applied For City & State FEI Number 59-3344852 City & State Not Applicable Zip Country Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEFRANCISCO, PEGGY Street Address (P.O. Box Number is Not Acceptable) **483 E LANCASTER ST** LECANTO, FL 34461 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Detete TITLE ☐ Change ■ Addition BROWN, ROYAL NAME NAME STREET ADDRESS 8740 E LARLAN CT STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34450 CITY-ST-ZIP VPD Change ☐ Addition TITLE ☐ Delete TITLE CALISE, FRANK NAME NA ME STREET ADDRESS 9100 S FILLY PL STREET ADDRESS INVERNESS, FL 34452 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME GOLSNER, ROSE NAME 21015 SW 87TH PL STREET ADDRESS STREET ADDRESS DUNNELLON, FL 34431 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ■ Addition NAME DEFRANCISCO, PEGGY MAME 483 E LANCASTER ST STREET ADORESS STREET ADDRESS CITY-ST-ZIP LECANTO, FL 34461 CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME MAYHEW, EILEEN 1459 N CHERRY POP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNANDA, FL 34453 CITY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplierhental 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 tife 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 attachytent with an addlets, with glother like empowered.

Mary COSCO

SIGNATURE AND ATHER OF

FILED

Mar 12, 2007 8:00 am