## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 30, 2004 8:00 am **Secretary of State** DOCUMENT # N9700000586 1. Entity Name 01-30-2004 90084 043 \*\*\*\*61.25 ANTIQUE AUTOMOBILE CLUB OF AMERICA (CENTRAL FLORIDA REGION), INC. Principal Place of Business Mailing Address 1215 GUERNSEY ST 1215 GUERNSEY ST KUUSUUEr ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-3525728 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAHAFFEY, JOHN D'JR, ESQ' Street Address (P.O. Box Number is Not Acceptable) 3438 LAWTON ROAD SUITE 200 ORLANDO FL 32803 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typeg or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 3.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change ADKINS, AL NAME 1315 NADINE DRIVE STREET ADDRESS STREET ADDRESS DELTONA FL 32738 CITY - ST-ZIP CITY-ST-ZIP $\overline{\mathtt{qv}}$ Delete TITLE **C**hange TITLE Addition MAIN, DAVID TOM HOLT NAME 3415 KEOTA DRIVE 808 WINDERGROVE LT. STREET ADDRESS STREET ADDRESS ORLANDO FL 32839 OCOEE, FL 34761 CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ALLEN, DON ---NAME NAME 153 POE STREET SE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition GILKES, HOWARD NAME NAME 1215 GUERNSEY STREET STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard S. Gilkes (Howard E. GILKES) 1-24-04 407/425-6409

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone #

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