

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90088 039 ****61.25

DOCUMENT # N97000001717

1. Entity Name
**MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN
STARS SECTION, INC.**



Principal Place of Business
**PO BOX 13284
JEKYLL ISLAND, GA 31527**

Mailing Address
**PO BOX 13284
JEKYLL ISLAND, GA 31527**

50013436



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3444820

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASERTA, RICHARD
762 BELTED KINGFISHER DR N
PALM HARBOR, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature 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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANSON, JACKIE PO BOX 13284 JEKYLL ISLAND, GA 31527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, CONNIE PO BOX 13284 JEKYLL ISLAND, GA 31527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, ANNE RR 1 BOX 3055 FOLKSTON, GA 31537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBSON, CONNIE TMP ACT PO BOX 13284 JEKYLL ISLAND, GA 31527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYE, WALLY PO BOX 14606 SAVANNAH, GA 31416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSON, PETER 313 LEEDS GATE RD SAVANNAH, GA 31406

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH KAPCZYNSKI 4/16/06 (386) 446-2985

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DOCUMENT # N97000001717 1. Entity Name MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SECTION, INC.					
Principal Place of Business PO BOX 13284 JEKYLL ISLAND, GA 31527				Mailing Address PO BOX 13284 JEKYLL ISLAND, GA 31527	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent CASERTA, RICHARD 762 BELTED KINGFISHER DR N PALM HARBOR, FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MANSON, JACKIE PO BOX 13284 JEKYLL ISLAND, GA 31527 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KAPCZYNSKI, JOSEPH 44 SEA VISTA DR PALM COAST, FL 32137 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GIBSON, CONNIE PO BOX 13284 JEKYLL ISLAND, GA 31527 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORRIS, ANNE RR 1 BOX 3055 FOLKSTON, GA 31537 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GIBSON, CONNIE TMP ACT PO BOX 13284 JEKYLL ISLAND, GA 31527 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOYE, WALLY PO BOX 14606 SAVANNAH, GA 31416 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANSON, PETER 313 LEEDS GATE RD SAVANNAH, GA 31406 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Joseph Kapczynski</u> JOSEPH KAPCZYNSKI <u>4/6/06</u> (386) 446-2985					

ATTACHMENT

50013436