

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000007203 (9)

1. Corporation Name

BUCCANEER REGION #34 SPORT CAR CLUB OF AMERICA I  
NC.

Principal Place of Business

Mailing Address

6103 DEEPWOOD DR. EAST  
JACKSONVILLE FL 32244-3594

6103 DEEPWOOD DR. EAST  
JACKSONVILLE FL 32244-3594

3. Date Incorporated or Qualified  
12/29/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAFT, MARION H  
6645 ALINE RD.  
JACKSONVILLE FL 32244

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE RE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME Bob Lewis  
STREET ADDRESS 6103 Deepwood Dr. East  
CITY-ST-ZIP Jax, FL 32244

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE Aest RE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME Judy Corbitt  
STREET ADDRESS PO Box 1116  
CITY-ST-ZIP Rincon, GA 31326

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME Joe Frazar  
STREET ADDRESS 1232 E 52nd St  
CITY-ST-ZIP Savannah GA 31404

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE Director ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME Hyler Craft  
STREET ADDRESS 6645 Aline Rd.  
CITY-ST-ZIP Jacksonville FL 32244

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE Director ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME Larry Haff  
STREET ADDRESS 4870 Tara Woods  
CITY-ST-ZIP Jax, FL 32210

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE Director ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME John Horn  
STREET ADDRESS 1246 Estates Way  
CITY-ST-ZIP Pooler Ca 31322

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joe Frazar

3/19/98

912-286-7101

CR2E037 (10/97)