

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90038 047 \*\*\*\*61.25

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1. Corporation Name

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

Principal Place of Business

6103 DEEPWOOD DR. EAST  
JACKSONVILLE FL 32244-3594

Mailing Address

6103 DEEPWOOD DR. EAST  
JACKSONVILLE FL 32244-3594



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

591842323  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CRAFT, MARION H  
6645 ALINE RD.  
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

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 *Marion H. Craft*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE RE ☐ DELETE

NAME LEWIS, BOB  
STREET ADDRESS 6103 DEEPWOOD DR EAST  
CITY-ST-ZIP JAX FL 32244

TITLE ARE ☐ DELETE

NAME CORBITT, JUDY  
STREET ADDRESS P O BOX 1116 N/A  
CITY-ST-ZIP RINCON GA 31326

TITLE T ☐ DELETE

NAME FRAZAR, JOE  
STREET ADDRESS 1232 E 52ND ST  
CITY-ST-ZIP SAVANNAH GA 31404

TITLE D ☐ DELETE

NAME CRAFT, HYLER  
STREET ADDRESS 6645 ALINE RD  
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE D ☐ DELETE

NAME HAFF, LARRY  
STREET ADDRESS 4870 TARA WOODS  
CITY-ST-ZIP JAX FL 32210

TITLE D ☐ DELETE

NAME HORN, JOHN  
STREET ADDRESS 1246 ESTATES WAY  
CITY-ST-ZIP POOLER GA 31322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Marion H. Craft* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 924-778-3594

CR2E037 (1/198)