

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90110 010 ****61.25

DOCUMENT # N98000002487					
1. Entity Name ANTIQUE AUTOMOBILE CLUB OF AMERICA - RICHEY REGION, INC.					
Principal Place of Business 8811 CESSINA DRIVE NEW PORT RICHEY, FL 34654			Mailing Address 8811 CESSINA DRIVE NEW PORT RICHEY, FL 34654		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2345303	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, JAMES A 8811 CESSNA DR NEW PORT RICHEY, FL 34654			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P NAME PANUCCIO, MICKEY STREET ADDRESS 12222 MAGNOLIA GROVE LANE CITY-ST-ZIP BAYONETT POINT, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME FRY, CLIFFORD STREET ADDRESS 15414 LITTLE ROAD CITY-ST-ZIP HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME COOK, GAIL STREET ADDRESS 8811 CESSNA DR, E CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME EAST, PHYLLIS STREET ADDRESS 7951 TANGLEWOOD DRIVE CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RICKETTS, JOHN STREET ADDRESS 2941 MAGNOLIA TRACE CITY-ST-ZIP TARPOON SPRINGS, FL 34688	<input checked="" type="checkbox"/> Delete		TITLE D NAME JERRY KACZ MAREK STREET ADDRESS 7307 JULIAN ST CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FRY, MILLIE STREET ADDRESS 15414 LITTLE ROAD CITY-ST-ZIP HUDSON, FL 34667	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gail Cook</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Co-SECRETARY		4-14-08 737-376-6655 <small>Date Daytime Phone #</small>

GAIL COOK