2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N98000002908

Entity Name: GAINESVILLE STREET ROD CLUB, INC.

Current Principal Place of Business:

500 E UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 2759
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOODY, C. GARY
500 E UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MOODY, C. GARY
Address: 500 E. UNIVERSITY AVENUE, STE. A
City-St-Zip: GAINESVILLE, FL 32601

Title: TD ( ) Delete
Name: MORROW, DAVID L
Address: 6216 NW 53 TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: PD ( ) Delete
Name: KARSH, SHERWIN
Address: 5918 CR 218
City-St-Zip: MELROSE, FL 32666

Title: VPD ( ) Delete
Name: QUINN, VICKY
Address: 500 NW 102 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. GARY MOODY SD 01/11/2009

Electronic Signature of Signing Officer or Director — Date