2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 02, 2004 8:00 am
Secretary of State
05-03-2004 91217 034 ****61.25

DOCUMENT # N98000007354

1. Entity Name
SARASOTA CLASSIC CAR MUSEUM, INC.

06925780

Principal Place of Business	Mailing Address
5500 N. TAMIAMI TRAIL SARASOTA, FL 34243	5500 N. TAMIAMI TRAIL SARASOTA, FL 34243

04302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0896301 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DARNELL, ROBERT W 2033 MAIN STREET SUITE 400 SARASOTA, FL 34237	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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	D GODBEY, MARTIN J 5500 N. TAMIAMI TRAIL SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANDERKOY, ADRIENE 5500 N. TAMIAMI TRAIL SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Adrienne Vanderkoy ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODBEY, LEIGH 5836 HATHAWAY RD. CANTON, MI 481875609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Leigh Godbey 6143 Natures Cove Grand Blanc, MI 48439 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARK CLARK	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mark Clark 1600 20th Ave. S. S210 Birmingham, Ala. 35205 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MALCOLM MORROW	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Malcolm Morrow 7450 CAHABA VALLEY Rd. BIRMINGHAM, ALA 35242 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemption stated in Section 119.07(3)(i), 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 empowerment.

SIGNATURE: Adrienne Vanderkoy 4-30-04 941-355-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #