

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000007354 1. Entity Name SARASOTA CLASSIC CAR MUSEUM, INC.	
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Principal Place of Business 5500 N. TAMIAMI TRAIL SARASOTA, FL 34243	Mailing Address 5500 N. TAMIAMI TRAIL SARASOTA, FL 34243
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05022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0896301	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent

**DARNELL, ROBERT W
2033 MAIN STREET
SUITE 400
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODBEY, MARTIN J 5500 N. TAMIAMI TRAIL SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERKOY, ADRIENNE 5500 N. TAMIAMI TRAIL SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODBEY, LEIGH 6143 NATURES COVE GRAND BLANC, MI 48439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, MARK 1600 20TH AVE. S. S210 BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORROW, MALCOLM 7450 CAHABA VALLEY RD BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

05/05/05-80127-007 61.25

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IN THIS SPACE**

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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2-05

941-355-6228