

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007354

FILED
Jul 06, 2006
Secretary of State

Entity Name: SARASOTA CLASSIC CAR MUSEUM, INC.

Current Principal Place of Business:

5500 N. TAMIAMI TRAIL
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

5500 N. TAMIAMI TRAIL
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0896301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DARNELL, ROBERT W
2033 MAIN STREET
SUITE 400
SARASOTA, FL 34237 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: D () Delete
Name: GODBEY, MARTIN J
Address: 5500 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: VANDERKOY, ADRIENNE
Address: 5500 N. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: GODBEY, LEIGH
Address: 6143 NATURES COVE
City-St-Zip: GRAND BLANC, MI 48439

Title: D () Delete
Name: CLARK, MARK
Address: 1600 20TH AVE. S. S210
City-St-Zip: BIRMINGHAM, AL 35205

Title: D () Delete
Name: MORROW, MALCOLM
Address: 7450 CAHABA VALLEY RD
City-St-Zip: BIRMINGHAM, AL 35242

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIENNE VANDERKOY

D

07/06/2006

Electronic Signature of Signing Officer or Director

Date