2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# N98000007354

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 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 OFFI 05/10/2007

Electronic Signature of Signing Officer or Director — Date