


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90088 039 ****61.25

DOCUMENT # N97000001717

1. Entity Name
MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SECTION, INC.



Principal Place of Business PO BOX 13284 JEKYLL ISLAND, GA 31527	Mailing Address PO BOX 13284 JEKYLL ISLAND, GA 31527
--	--

50013436



04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3444820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASERTA, RICHARD
762 BELTED KINGFISHER DR N
PALM HARBOR, FL 32257

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 _____ 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, 2006

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	P MANSON, JACKIE PO BOX 13284 JEKYLL ISLAND, GA 31527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, CONNIE PO BOX 13284 JEKYLL ISLAND, GA 31527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, ANNE RR 1 BOX 3055 FOLKSTON, GA 31537
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBSON, CONNIE TMP ACT PO BOX 13284 JEKYLL ISLAND, GA 31527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYE, WALLY PO BOX 14606 SAVANNAH, GA 31416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSON, PETER 313 LEEDS GATE RD SAVANNAH, GA 31406

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph Kapczynski **JOSEPH KAPCZYNSKI** 4/6/06 (386) 446-2985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000001717	
1. Entity Name MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SECTION, INC.	

Principal Place of Business PO BOX 13284 JEKYLL ISLAND, GA 31527	Mailing Address PO BOX 13284 JEKYLL ISLAND, GA 31527
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

ATTACHMENT

50013436

[REDACTED]

04062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3444820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASERTA, RICHARD 762 BELTED KINGFISHER DR N PALM HARBOR, FL 32257	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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P MANSON, JACKIE PO BOX 13284 JEKYLL ISLAND, GA 31527	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			KAPCZYNSKI, JOSEPH 44 SEA VISTA DR PALM COAST, FL 32137
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, CONNIE PO BOX 13284 JEKYLL ISLAND, GA 31527	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, ANNE RR 1 BOX 3055 FOLKSTON, GA 31537	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBSON, CONNIE TMP ACT PO BOX 13284 JEKYLL ISLAND, GA 31527	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYE, WALLY PO BOX 14606 SAVANNAH, GA 31416	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSON, PETER 313 LEEDS GATE RD SAVANNAH, GA 31406	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph Kapczynski **JOSEPH KAPCZYNSKI** 4/6/06 (386) 446-2985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #