

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008462

Entity Name: CRUISIN' CORVETTES OF TALLAHASSEE, INC.**Current Principal Place of Business:**163 COTILLION CIRCLE
TALLAHASSEE, FL 32312**Current Mailing Address:**P. O. BOX 15762
TALLAHASSEE, FL 32317**FEI Number:** 59-3526638**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KEENA, CHRIS
163 COTILLION CIRCLE
TALLAHASSEE, FL 32312 US*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:** CHRIS KEENA

01/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KEENA, CHRIS
Address 163 COTILLION CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

Title VICE-PRESIDENT
Name WALLENFELSZ, MIKE
Address 6020 OXBOTTOM MANOR
City-State-Zip: TALLAHASSEE FL 32312

Title TREASURER
Name WATSON, LYND
Address 1497 AVONDALE WAY
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name HUCK, LINDA
Address POST OFFICE BOX 1275
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR - MEMBERSHIP
Name HUME, EVAN
Address 8875 GLEN ABBEY DRIVE
City-State-Zip: TALLAHASSEE FL 32315

Title DIRECTOR
Name CHASTAIN, DWIGHT
Address 151 SINCLAIR ROAD
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name HARRIS, JOHN
Address 309 BAXTER COURT
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name SOBCZAK, RUSS
Address 3215 ENTERPRISE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

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I hereby 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 all other like empowered.

SIGNATURE: LYND A WATSON**TREASURER**

01/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR/NCM AMBASSADOR
Name OPPER, JOHN
Address 3302 GALLANT FOX TRAIL
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name BROWER, RON
Address 8392 INVERNESS DRIVE
City-State-Zip: TALLAHASSEE FL 32212

Title DIRECTOR
Name PERKINS, CHIP
Address 6231 MYRTLE WOOD COURT
City-State-Zip: TALLAHASSEE FL 32212

Title DIRECTOR
Name HYATT, LOU
Address 3056 CORRIB DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name NIELSEN, JAN
Address 7948 BARNARD STREET
City-State-Zip: TALLAHASSEE FL 32217