

**2018 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

01/15/2018

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, LYNDA  
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           RUSSO, MICHAEL  
Address        3067 WATERFORD DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

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

Title            DIRECTOR - CAR SHOW  
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:** LYNDA WATSON**TREASURER**

01/15/2018

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