


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90015 047 ****61.25

DOCUMENT # 704644					
1. Entity Name PASCO TROTTING AND PACING ASSOCIATION, INC.					
Principal Place of Business 9553 OLD LAKELAND HWY DADE CITY, FL 33525-1449 US		Mailing Address 37916 ASHBROOK RD DADE CITY, FL 33525			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2349454	
				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		
CORE, BONNIE 9553 OLD LAKELAND HWY DADE CITY, FL 33525			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 <u>Bonnie Core</u> <u>BONNIE CORE</u>				DATE <u>FEB. 16, 2008</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BOB		NAME		
STREET ADDRESS	202 S. COLUMBUS DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST LIBERTY, IA 52776		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, CHARLES		NAME	DAVE NEALSON	
STREET ADDRESS	6037 RYNN RD		STREET ADDRESS	5488 HWY 22 SE,	
CITY-ST-ZIP	CLYDE, MI 48049		CITY-ST-ZIP	LONE TREE, IA 52755	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHY, ED		NAME		
STREET ADDRESS	34100 HWY 54 W		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, JAMES		NAME		
STREET ADDRESS	3449 N CR 350 W		STREET ADDRESS		
CITY-ST-ZIP	GREENCASTLE, IN 46135		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SILVA, RON		NAME		
STREET ADDRESS	37916 ASHBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORE, BONNIE		NAME		
STREET ADDRESS	9553 OLD LAKELAND HWY		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
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: <u>Bonnie Core</u> <u>BONNIE CORE</u>				DATE <u>FEB. 16, 2008</u> 352-567-7196	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	