

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 707167 (3)**

1. Corporation Name

**DAYTONA 200 MOTORCYCLE CLUB INC**

000001774400  
-04/09/96--01123--002  
\*\*\*70.00



Principal Place of Business

Mailing Address

3602 U.S. 92 (32014)  
P.O. BOX 2502  
DAYTONA BEACH FL 32115

3602 U.S. 92 (32014)  
P.O. BOX 2502  
DAYTONA BEACH FL 32115

3. Date Incorporated or Qualified  
**04/16/1964**

3a. Date of Last Report  
**02/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3602 International Speedway Blvd.**

26 **P.O. Box 2502**

4. FEI Number  
**70-7167740**

Applied For  
Not Applicable

22 City & State

27 City & State

23 **Daytona Bch, FL**

28 **Daytona Bch, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

Country

29 Zip

Country

24 **32124**

25 **Volusia**

29 **32115**

30 **Volusia**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWELL, MARK  
1057 S. GREEN ACRES CIR.  
DAYTONA BCH. FL 32119**

81 Name

**Daniel D. Woolf**

82 Street Address (P.O. Box Number is Not Acceptable)

**3586 Old Deland Rd.**

83

84 City

**Daytona Beach**

**FL**

85 Zip Code

**32124**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0509, Florida Statutes.

SIGNATURE

*Daniel D. Woolf*  
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HOWELL, MARK</b>
STREET ADDRESS	<b>1057 S. GREEN ACRES CIR.</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MOLVE, JOHN</b>
STREET ADDRESS	<b>1006 10TH ST.</b>
CITY-ST-ZIP	<b>HOLLY HILL FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>WHITAKER, FRNAK</b>
STREET ADDRESS	<b>251 N. TYMBERCREEK RD.</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>WOOLF, DAN</b>
STREET ADDRESS	<b>3586 OLD DELAND RD.</b>
CITY-ST-ZIP	<b>DAYTONA BCH. FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ARTHUR, BILL</b>
STREET ADDRESS	<b>924 BERKSHIRE RD.</b>
CITY-ST-ZIP	<b>DAYTONA BCH. FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PEJROCK, FRANK</b>
STREET ADDRESS	<b>602 WESTWAND CR</b>
CITY-ST-ZIP	<b>HOLLY HILL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Woolf, Daniel D.</b>
1.3 STREET ADDRESS	<b>3586 Old Deland Road</b>
1.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32124</b>
2.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jim Bair</b>
2.3 STREET ADDRESS	<b>6 Pearl Dr.</b>
2.4 CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>
3.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Whitaker, Frank</b>
3.3 STREET ADDRESS	<b>251 N. Tympercreek Rd.</b>
3.4 CITY-ST-ZIP	<b>Ormond Beach, Florida 32174</b>
4.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Molve, John</b>
4.3 STREET ADDRESS	<b>1006 10th St</b>
4.4 CITY-ST-ZIP	<b>Holly Hill, FL 32117</b>
5.1 TITLE	<b>Trustee</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Mark Howell</b>
5.3 STREET ADDRESS	<b>1057 S. Green Acres Circle</b>
5.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32119</b>
6.1 TITLE	<b>Trustee</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Bill Arthur</b>
6.3 STREET ADDRESS	<b>924 Berkshire Rd.</b>
6.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32124</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Daniel D. Woolf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/96**  
Date

**(904) 253-2121**  
Daytime Phone #

CR2E037 (12/95)