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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90047 005 \*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 707167

1. Corporation Name

DAYTONA 200 MOTORCYCLE CLUB INC

Principal Place of Business

3602 INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH FL 32124

Mailing Address

P.O. BOX 2502  
DAYTONA BEACH FL 32124

101297 90047 5 7



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/16/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		70-7167740	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOOLF, DANIEL D 3586 OLD DELAND RD. DAYTONA BCH. FL 32124				81 Name GEORGE J. COMEAU			
				82 Street Address (P.O. Box Number is Not Acceptable) 2901 BELKTON ST			
				83			
				84 City DELTONA FL 85 Zip Code 32138			

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 617.0503, Florida Statutes.

SIGNATURE GEORGE J. COMEAU PRESIDENT George J. Comeau DATE 2/3/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOLF, DANIEL D	1.2 NAME	GEORGE J. COMEAU
STREET ADDRESS	3586 OLD DELAND ROAD	1.3 STREET ADDRESS	2901 BELKTON ST.
CITY-ST-ZIP	DAYTONA BEACH FL 32124	1.4 CITY-ST-ZIP	DELTONA FL 32138
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNOW, SHELBY	2.2 NAME	CHERYL A. JAMON
STREET ADDRESS	14 WOODLAKE DR	2.3 STREET ADDRESS	309 APACHE TR.
CITY-ST-ZIP	PORT ORANGE FL 32119	2.4 CITY-ST-ZIP	ORLAND BEACH FL 32174
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTY, BILL	3.2 NAME	FRANK WHITAKER
STREET ADDRESS	2313 E MAGNOLIA	3.3 STREET ADDRESS	351 N. TYMBER CREEK RD.
CITY-ST-ZIP	DELAND FL 32724	3.4 CITY-ST-ZIP	ORLAND BEACH FL 32174
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, ROXANNE	4.2 NAME	MARK HOWELL
STREET ADDRESS	14 WOODLAKE DR	4.3 STREET ADDRESS	1057 S. GREEN ACRES CIRC.
CITY-ST-ZIP	PORT ORANGE FL 32119	4.4 CITY-ST-ZIP	DAYTONA BEACH FL 32119
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	PUBLIC RELATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWELL, MARK	5.2 NAME	Bobette Woolf
STREET ADDRESS	1057 S. GREEN ACRES CIRCLE	5.3 STREET ADDRESS	2188 8th Ave
CITY-ST-ZIP	DAYTONA BEACH FL 32119	5.4 CITY-ST-ZIP	DELAND FL 32724
TITLE	TR <input type="checkbox"/> DELETE	6.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, FRANK	6.2 NAME	DANIEL D. WOOLF
STREET ADDRESS	251 N TYMPCREEK RD	6.3 STREET ADDRESS	3586 OLD DELAND ROAD
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	DAYTONA BEACH FL 32134

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: George J. Comeau George J. Comeau DATE 2/3/99 904-789-6077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)