

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707167

FILED
Apr 18, 2009
Secretary of State

Entity Name: DAYTONA 200 MOTORCYCLE CLUB INC

Current Principal Place of Business:

3602 INTERNATIOINAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 32124

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2502
DAYTONA BEACH, FL 32125

New Mailing Address:

FEI Number: 65-1166964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB, AMELIA
718 RIVERSIDE DRIVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

MARTZ, FRED
1005 BLUE HORIZON DRIVE
DELTONA, FL 32725 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: FREDERICK E MARTZ

04/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MARTZ, FRED
Address: 1005 BLUE HORIZON DRIVE
City-St-Zip: DELTONA, FL 32725

Title: TRUS () Delete
Name: CLAUSEN, TOMMY
Address: 1669 TALL OAKS ROAD
City-St-Zip: DELAND, FL 32720

Title: VP () Delete
Name: GALLANT, BILL
Address: 1857 BETH COURT
City-St-Zip: PORT ORANGE, FL 32128

Title: SEC () Delete
Name: REITER, DEBBIE
Address: 18 CUNNINGHAM
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TREA () Delete
Name: APY, PENNY
Address: 2541 CLARENDEN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PUB () Delete
Name: CLAUSEN, PATTY
Address: 1669 TALL OAKS ROAD
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SARG (X) Change () Addition
Name: CLAUSEN, TOMMY
Address: 1669 TALL OAKS ROAD
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: SCOTT, DAVID
Address: 3029 GRAND AVE
City-St-Zip: DELAND, FL 32720

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FREDERICK E MARTZ

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date