# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734764** **(4)**

1. Corporation Name

**JACKSONVILLE TRACK CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1511 SOUTH MCDUFF AVE.<br>SUITE 1600<br>JACKSONVILLE FL 32205<br>US | P.O. BOX 24667<br>SUITE 1600<br>JACKSONVILLE FL 32241<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1829543 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 21 | 2. Principal Place of Business: 1511 S. McDuff Ave | 26 | 2a. Mailing Address: PO Box 24667 |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State: Jacksonville FL | 28 | City & State: Jacksonville FL |
| 24 | Zip: 32205 | 29 | Zip: FL 32241 |
| 25 | Country: USA | 30 | Country: USA |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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 |
|---|---|
| DUSS, JOHN S., IV<br>200 WEST FORSYTH STREET<br>SUITE 1600<br>JACKSONVILLE FL 32202 | 01 Name<br>02 Street Address (P.O. Box Number is Not Acceptable)<br>03<br>04 City FL 05 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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 | PD | 11 TITLE | SD | ☒ Change ☐ Addition |
| NAME | BLACK, VICKIE | 12 NAME | ~~Kathy~~ King, Kathy | |
| STREET ADDRESS | 1001 KETTERING WAY | 13 STREET ADDRESS | 1839-3 Talbot Ave | |
| CITY-ST-ZIP | ORANGE PARK FL | 14 CITY-ST-ZIP | Jacksonville FL 32205 | |
| TITLE | TD | 21 TITLE | ~~Treasurer~~ T | ☒ Change ☐ Addition |
| NAME | HATTEN, DAVID | 22 NAME | Hatten, David | |
| STREET ADDRESS | 1404 PINEWOOD RD. | 23 STREET ADDRESS | 1404 Pinewood Rd | |
| CITY-ST-ZIP | JACKSONVILLE FL | 24 CITY-ST-ZIP | Jacksonville Beach FL 32250 | |
| TITLE | VD | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | TASKETT, HERBERT | 32 NAME | | |
| STREET ADDRESS | 2610-2 INDIA AVENUE | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 34 CITY-ST-ZIP | 32211 | |
| TITLE | SD | 41 TITLE | PD | ☒ Change ☐ Addition |
| NAME | TENBROECK, JOHN | 42 NAME | John TenBroeck | |
| STREET ADDRESS | 2336 URBAN ROAD | 43 STREET ADDRESS | 2336 Urban Rd | |
| CITY-ST-ZIP | JACKSONVILLE FL | 44 CITY-ST-ZIP | Jacksonville FL 32210 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

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)(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.

**SIGNATURE:** John TenBroeck John TenBroeck 1/23/95 (904) 387-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028301