

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90039 041 ****61.25

DOCUMENT # N01000008952 1. Entity Name JACKSONVILLE RACEWAYS HALL OF FAME, INC.					
Principal Place of Business 2317 BLANDING BLVD. SUITE 101 JACKSONVILLE FL 32210			Mailing Address 2317 BLANDING BLVD. SUITE 101 JACKSONVILLE FL 32210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELK, JAMES B 2317 BLANDING BLVD., SUITE 101 JACKSONVILLE FL 32210			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RIGGINS, THOMAS H		NAME		
STREET ADDRESS	275 HAMMOND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP		
TITLE	D - CHAIRMAN OF THE BOARD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CARTER, WILLIAM J		NAME		
STREET ADDRESS	8752 SUSIE ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SMELTZER, ROBERT W		NAME		
STREET ADDRESS	1710 BIG BRANCH RD		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	EUBANKS, ROBERT E		NAME		
STREET ADDRESS	P.O. BOX 6		STREET ADDRESS		
CITY-ST-ZIP	BRYCEVILLE FL 32009		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GODBEE, ROGER		NAME		
STREET ADDRESS	2338 BARLAD DR RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE	D - VICE CHAIRMAN OF THE BOARD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DELK, JAMES B		NAME		
STREET ADDRESS	2317 BLANDING BLVD., #101		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
12. 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 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>James B. Delk</u> <u>JAMES B. DELK</u> (904) 389-0050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					