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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:43

DOCUMENT # **N27039** **(9)**

1. Corporation Name

SUNCOAST OFFSHORE RACING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5824 BEE RIDGE RD STE 190 SARASOTA FL 34233	5824 BEE RIDGE RD STE 190 SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1988**
3a. Date of Last Report: **04/21/1994**
4. FEI Number: **65-0053577** ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business
21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

9. Name and Address of Current Registered Agent

WOODS, RENEE S
5824 BEE RIDGE RD
STE 190
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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	D	11 TITLE	☐ Change ☐ Addition
NAME	FISHER, DONALD A., II	12 NAME	
STREET ADDRESS	1824 ISLAND WAY	13 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, KEVIN	22 NAME	
STREET ADDRESS	1834 MAIN STREET	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	KESSELRING, CAROLE	32 NAME	NANCEE KITCHEN (REPLACES KESSELRING)
STREET ADDRESS	3315 NEW ENGLAND ST	33 STREET ADDRESS	2005 NORTH TAMIAMI TRAIL
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	SARASOTA FL 34234
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	WOODS, RENEE S	42 NAME	
STREET ADDRESS	4446 SANDNER DR.	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	HORNER, PATRICIA	52 NAME	
STREET ADDRESS	1600 ANCHORAGE ST	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ALLEN, DAVID S JR.	62 NAME	
STREET ADDRESS	3781 COUNTRYSIDE RD	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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: Renee S. Woods RENEE S. WOODS, TREASURER 3-27-95 (813)378-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0043430