

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90026 027 ****61.25

DOCUMENT # N97000005001

1. Entity Name
CENTRAL FLORIDA RACING CLUB, INC.



Principal Place of Business

**432 EUNICE ROAD
LAKE LAND, FL 33803**

Mailing Address

**432 EUNICE ROAD
LAKE LAND, FL 33803**

00031924



01112005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3467944

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ENGLE, GENE
432 EUNICE ROAD
LAKE LAND, FL 33803**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ENGLE, GENE
432 EUNICE ROAD
LAKE LAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ENGLE, PAT
432 EUNICE ROAD
LAKE LAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BILLITER, KATIE
297 LAKE ERIE DRIVE
MULBERRY, FL 33860**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Gene Engle

3/19/05

863-688-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #