

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000177 (4)

1. Corporation Name

TRACK SHACK FOUNDATION, INC.



Principal Place of Business

Mailing Address

**1322 N. MILLS AVE.
ORLANDO FL 32803**

**1322 N. MILLS AVE.
ORLANDO FL 32803**

3. Date Incorporated or Qualified
01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, JEFF B
1322 N. MILLS AVE.
ORLANDO FL 32803**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENZ, TED	
STREET ADDRESS	215 W. PRINCETON AVE.	
CITY - ST - ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALPEY, JOHN	
STREET ADDRESS	2269 S. CONWAY RD. #913	
CITY - ST - ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASEY, NATALIE	
STREET ADDRESS	615 E. HARWOOD ST.	
CITY - ST - ZIP	ORLANDO FL 32803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILMORE, MARTY	
STREET ADDRESS	1108 PARKER CANAL CT.	
CITY - ST - ZIP	OVEDO FL 32785	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, CHARLIE	
STREET ADDRESS	904 SCOTT AVE.	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, DOROTHY	
STREET ADDRESS	1623 WYCLIFF DR.	
CITY - ST - ZIP	ORLANDO FL 32803	

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Ward, Tom
13 STREET ADDRESS	144 Sandlewood
14 CITY - ST - ZIP	Winter Park, FL 32789
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Hughes, Jon
23 STREET ADDRESS	1623 Wycliff Dr.
24 CITY - ST - ZIP	Orlando, FL 32803
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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:

Dorothy M Hughes (Dorothy) 4/29/96 407 896 1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)