

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 # **N94000003681 (3)**

1. Corporation Name

MOTOR RACING HERITAGE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~353 S. STATE RD. 415
NEW SMYRNA BEACH FL 32168~~

P.O. BOX 10953
DAYTONA BEACH FL 32120-0953

**126 E. ORANGE AVE
DAYTONA Bch FL 32114**

3. Date Incorporated or Qualified
07/22/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **126 E. ORANGE AVE**

26 **P.O. BOX 10953**

4. FEI Number

Applied For

59-3368970

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

23 **DAYTONA Bch, FL**

28 **DAYTONA Bch, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32114**

25 **USA**

29 **32120-**

30 **USA**

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

**East
HEDDY, SUZANNE
126 ORANGE AVE
DAYTONA BEACH FL 32114**

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 **SUZANNE HEDDY**

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

(NOTE: Registered Agent signature required when re-registering)

04/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ZETTA	
STREET ADDRESS	353 STATE RD 415	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIFE, HILLEN	
STREET ADDRESS	237 GREENWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIRACUSA, RAYMOND	
STREET ADDRESS	4111 S ATLANTIC AVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOUDY, SENTA	
STREET ADDRESS	2652 FLOWING WELL RD	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	AKAM, G. ROBERT	
STREET ADDRESS	26 SILVER FOX TR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	P D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, TIMOTHY	
STREET ADDRESS	902 VILLAGE DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2nd V.P. D
2.3 STREET ADDRESS	BUZ MCKIM
2.4 CITY-ST-ZIP	2589 W. LAKE DR.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DELAND, FL. 32724
3.3 STREET ADDRESS	D treasurer
3.4 CITY-ST-ZIP	ROSEANN M. DRIES
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	9 STUART DR. HOLLY HILL, FL. 32117
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 **ROSEANN M. DRIES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 904-756-0141

Date

Daytime Phone #

CR2E037 (12/95)