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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47313 (4)

1. Corporation Name

NORTHEAST FLORIDA DERBY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1725 S. FLETCHER AVE
FERNANDINA BCH. FL 32034
US1725 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034-23583. Date Incorporated or Qualified
02/12/19923a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3108164Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

NEAL, DONALD C.
1725 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034

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
NAME HIGGS, DUWAYNE
STREET ADDRESS 605 WELLS RD
CITY-ST-ZIP ORANGE PARK FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME COLEMAN, EUGENE
STREET ADDRESS 1006 SO 10TH ST
CITY-ST-ZIP FERNANDINA BCH. FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME PICKETT, SEVE
STREET ADDRESS 3178 CREWS ROAD
CITY-ST-ZIP FERNANDINA BCH. FL3.1 TITLE D Steve Pickett
3.2 NAME 3178 Crews Rd
3.3 STREET ADDRESS Fernandina Bch, Fl 32034
3.4 CITY-ST-ZIP ☒ Change ☐ AdditionTITLE D
NAME HASPEL, MRS. CHERYL
STREET ADDRESS 2126 WESLEY RD
CITY-ST-ZIP YULEE FL4.1 TITLE D Cheryl Haspel
4.2 NAME 2126 Wesley Rd
4.3 STREET ADDRESS Yulee, Fl 32097
4.4 CITY-ST-ZIP ☒ Change ☐ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE Pres. Donald C. Neal
5.2 NAME 1725 So. Fletcher Ave
5.3 STREET ADDRESS Fernandina Bch, Fl 32034
5.4 CITY-ST-ZIP ☐ Change ☒ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE Chm. Tommy Purvis
6.2 NAME 2500 ATLANTIC AVE
6.3 STREET ADDRESS Fernandina Bch, Fl 32034
6.4 CITY-ST-ZIP ☐ Change ☒ Addition

14. I do 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 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:

Signature typed or printed name of signing officer or director (NOTE: Signature required for reinstatement)

1/12/97 (904) 277-5125

CR2E037 (9/96)