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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

**1322 N. MILLS AVE.
ORLANDO FL 32803-2543**

3. Date Incorporated or Qualified
01/06/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1104 N. MILLS AVE.

2a. Mailing Address

26 1104 N. MILLS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3306035

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**

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1104 N. MILLS AVENUE

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 ☐ DELETE

**D
NAME
WARD, TOM
STREET ADDRESS
144 SANDLEWOOD
CITY-ST-ZIP
WINTER PARK FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
NAME
HUGHES, JON
STREET ADDRESS
1623 WYCLIFF DR.
CITY-ST-ZIP
ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
NAME
CASEY, NATALIE
STREET ADDRESS
615 E. HARWOOD ST.
CITY-ST-ZIP
ORLANDO FL 32803**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
NAME
GILMORE, MARTY
STREET ADDRESS
1108 PARKER CANAL CT.
CITY-ST-ZIP
OVIEDO FL 32765**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D
NAME
HUGHES, DOROTHY
STREET ADDRESS
1623 WYCLIFF DR.
CITY-ST-ZIP
ORLANDO FL 32803**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ 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 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

[Handwritten Signature]

4/29/97

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