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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47313**

1. Corporation Name

NORTHEAST FLORIDA DERBY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1725 S. FLETCHER AVE FERNANDINA BCH. FL 32034 US	1725 S. FLETCHER AVE. FERNANDINA BEACH FL 32034

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/12/1992
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A	4. FEI Number 59-3108164 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Same
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 Donald C. Neal — Donald C. Neal — DATE 2/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HIGGS, DUWAYNE		1.2 NAME		
STREET ADDRESS	605 WELLS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, EUGENE		2.2 NAME		
STREET ADDRESS	1006 SO 10TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH. FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PICKETT, SEVE		3.2 NAME		
STREET ADDRESS	3178 CREWS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH. FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HASPEL, SHERYL		4.2 NAME		
STREET ADDRESS	2126 WESLEY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEAL, DONALD C		5.2 NAME		
STREET ADDRESS	1725 S FLETCHER AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH FL		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PURVIS, TOMMY		6.2 NAME		
STREET ADDRESS	2500 ATLANTIC AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Donald C. Neal SIGNATURE REQUIRED Donald C. Neal, Pres 2/2/99 904 277-5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)