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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90063 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47313

1. Corporation Name

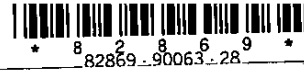
NORTHEAST FLORIDA DERBY ASSOCIATION, INC.

Principal Place of Business

1725 S. FLETCHER AVE
FERNANDINA BCH. FL 32034
US

Mailing Address

1725 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/12/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3108164	
24 Country		29 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing	
				☐ Trust Fund Contribution	

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 (NOTE: Registered Agent signature required when reinstating) DATE: 2/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
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: Pres DATE: 2/2/99 DAYTIME PHONE #: 904 297-5125

CR2E037 (11/98)