03111999-90091-019-$61.25-$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90091 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N95000000177

1. Corporation Name
TRACK SHACK FOUNDATION, INC.

Principal Place of Business	Mailing Address
1104 N. MILLS AVE. ORLANDO FL 32803 US	1104 N MILLS AVE. ORLANDO FL 32803 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

3. Date Incorporated or Qualified: 01/06/1995

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

9. Name and Address of Current Registered Agent

CLARK, JEFF B
1104 N MILLS AVE.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

91 Name: Jon Hughes n/a
92 Street Address (P.O. Box Number is Not Acceptable): 1623 Wycliff Drive
93:
94 City: Orlando FL 95 Zip Code: 32803

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 _____ DATE
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	WARD, TOM		1.2 NAME		
STREET ADDRESS	144 SANDLEWOOD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, JON		2.2 NAME		
STREET ADDRESS	1623 WYCLIFF DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CASEY, NATALIE		3.2 NAME		
STREET ADDRESS	1216 GOLFSIDE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILMORE, MARTY		4.2 NAME		
STREET ADDRESS	1108 PARKER CANAL CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, DOROTHY (Betsy)		5.2 NAME		
STREET ADDRESS	1623 WYCLIFF DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED — 3/31/99 — 4078981313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Betsy Hughes Dorothy Hughes