


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003681 1. Entity Name MOTOR RACING HERITAGE ASSOCIATION, INC.	
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Principal Place of Business 200 S. ORCHARD ST ORMOND BEACH, FL 32174 US	Mailing Address P.O. BOX 10953 DAYTONA BEACH, FL 32120-0953 US
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04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3368970 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEDDY, SUZANNE 300 S. ORCHARD ST. ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000112638
04/14/04-80029-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCKIM, BUZ 2589 W. LAKE DR. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RIFE, HILLEN 237 GREENWOOD AVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ROSEANN, JAVUREK 549 BALLOUGH RD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WANSER, AL 8 COMET CT. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASECKI, RON 21 HUNT MASTER CT. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SULLIVAN, TIMOTHY 902 VILLAGE DR ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE _____

9-12-04