

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000177

1. Entity Name
TRACK SHACK FOUNDATION, INC.



Principal Place of Business
**1104 N. MILLS AVE.
ORLANDO, FL 32803 US**

Mailing Address
**1104 N MILLS AVE.
ORLANDO, FL 32803 US**



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3306035

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

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

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, TOM 144 SANDLEWOOD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, JON 1623 WYCLIFF DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, NATALIE 1216 GOLFSIDE DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, MARTY 1108 PARKER CANAL CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, BETSY 1623 WYCLIFF DR. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000271068
03/21/05-80031-025 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05

Date

4078981313

Daytime Phone #