

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90351 027 ****61.25

DOCUMENT # N94000003681

1. Entity Name
MOTOR RACING HERITAGE ASSOCIATION, INC.



Principal Place of Business

300 S. ORCHARD ST
ORMOND BEACH, FL 32174 US

Mailing Address

P.O. BOX 10953
DAYTONA BEACH, FL 32120-0953 US



01222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3368970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 re-registering)

DATE _____

Filing Fee is \$81.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	MCKIM, BUZ
STREET ADDRESS	2589 W.LAKE DR.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	VD
NAME	RIFE, HILLEN
STREET ADDRESS	237 GREENWOOD AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	DT
NAME	ROSEANIN, JAVUREK
STREET ADDRESS	549 BALLOUGH RD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	WANSER, AL
STREET ADDRESS	8 COMET CT.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D
NAME	PASECKI, RON
STREET ADDRESS	21 HUNT MASTER CT.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	P
NAME	SULLIVAN, TIMOTHY
STREET ADDRESS	902 VILLAGE DR
CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Suzanne Heddy **Suzanne Heddy** **6 March 2006** **386-676-7675**