

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001292

FILED
Apr 05, 2007
Secretary of State

Entity Name: SPEEDWAY CHILDREN'S CHARITIES, INC.

Current Principal Place of Business:

5401 E. INDEPENDENCE BLVD
CHARLOTTE, NC 28212

New Principal Place of Business:

Current Mailing Address:

PO BOX 18747
CHARLOTTE, NC 28218

New Mailing Address:

5555 CONCORD PARKWAY SOUTH
SUITE 336
CONCORD, NC 28027

FEI Number: 56-1331429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAVANAGH, JOANNE
1560 GULF BLVD, UNIT 1705
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SMITH, O. BRUTON
Address: 5401 E. INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

Title: D () Delete
Name: SADLER, THOMAS M
Address: 5401 E. INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

Title: S () Delete
Name: GREENE, JAMES N III
Address: 401 S. TYRON ST STE 3000
City-St-Zip: CHARLOTTE, NC 28202

Title: T () Delete
Name: STOREY, RANDALL A
Address: 5401 E. INDEPENDENCE BLVD
City-St-Zip: CHARLOTTE, NC 28212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. SADLER

D

04/05/2007

Electronic Signature of Signing Officer or Director

Date