

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 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



02202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3306035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000694791

04/17/07-80032-005-61-25

10. OFFICERS AND DIRECTORS

TITLE P
NAME CALPEY, JOHN
STREET ADDRESS 4038 BOUNCE
CITY-ST-ZIP ORLANDO, FL 32812

TITLE D
NAME HUGHES, JON
STREET ADDRESS 1623 WYCLIFF DR.
CITY-ST-ZIP ORLANDO, FL

TITLE D
NAME CASEY, NATALIE
STREET ADDRESS 1218 GOLFSIDE DRIVE
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE D
NAME GILMORE, MARTY
STREET ADDRESS 1108 PARKER CANAL CT.
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D
NAME HUGHES, BETSY
STREET ADDRESS 1623 WYCLIFF DR.
CITY-ST-ZIP ORLANDO, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/07 407 896-1160