

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704644

FILED
Feb 16, 2017
Secretary of State
CC8885387328

Entity Name: PASCO TROTTING AND PACING ASSOCIATION, INC.

Current Principal Place of Business:

9553 OLD LAKELAND HWY
DADE CITY, FL 33525-1449

Current Mailing Address:

37916 ASHBROOK RD
DADE CITY, FL 33525

FEI Number: 59-2349454

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRK, ANITA MARIE
9553 OLD LAKELAND HWY
DADE CITY, FL 33525 US

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: ANITA MARIE KIRK

02/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ELLIOTT, GEORGE
Address 9553 OLD LAKELAND HWY
City-State-Zip: DADE CITY FL 33525-1449

Title D
Name DAVIS, JOE
Address 10810 ODGEN ST.
City-State-Zip: PETERSBURG IL 62675

Title VP
Name PEDONTI, JOHN
Address 40217 PACER WAY
City-State-Zip: DADE CITY FL 33525-1449

Title D
Name TODD, GERALD
Address 12519 ST.RD. 90
City-State-Zip: LOCHE NY 13092

Title P
Name DE SILVA, RON
Address 37916 ASHBROOK RD
City-State-Zip: DADE CITY FL 33525

Title SECRETARY
Name KIRK, ANITA
Address 9553 OLD LAKELAND HWY
City-State-Zip: DADE CITY FL 33525-1449

Title DIRECTOR
Name HEISNER, MARY BETH
Address 40217 PACER WAY
City-State-Zip: DADE CITY FL 33525

Title TREASURER
Name KIRK, ANITA M
Address 9553 OLD LAKELAND HWY
City-State-Zip: DADE CITY FL 33525-1449

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I hereby 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 all other like empowered.

SIGNATURE: ANITA MARIE KIRK

SECRETARY

02/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KIRK, LEROY F
Address 9553 OLD LAKELAND HWY
City-State-Zip: DADE CITY FL 33525-1449