

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003681

Entity Name: MOTOR RACING HERITAGE ASSOCIATION, INC.**Current Principal Place of Business:**1104 JACARANDA AVENUE
DAYTONA BEACH, FL 32118**Current Mailing Address:**P.O. BOX 10953
DAYTONA BEACH, FL 32120-0953 US**FEI Number: 59-3368970****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AXELROD, DAVID B DR.
1104 JACARANDA AVENUE
DAYTONA BEACH, FL 32118 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: DR. DAVID B. AXELROD****01/16/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VIA , ROLAND
Address 534 EAGLE DRIVE
City-State-Zip: HOLLY HILL FL 32117

Title VPD
Name MCKIM, BUZ
Address 501 SOUTH COLLEGE ST.
City-State-Zip: CHARLOTTE NC 28202

Title BOARD OF DIRECTORS
Name HEDDY, SUZANNE
Address 300 SOUTH ORCHARD ST.
City-State-Zip: ORMOND BEACH FL 32174

Title VPD
Name AXELROD, DAVID
Address 1104 JACARANDA DRIVE
City-State-Zip: DAYTONA BEACH FL 32118

Title D
Name SMITH, DAN
Address 9 SUNSET BLVD.
City-State-Zip: ORMOND BEACH FL 32176

Title BOARD OF DIRECTORS
Name PIASECKI, RONALD
Address 21 HUNT MASTER COURT
City-State-Zip: ORMOND BEACH FL 32174

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: DR. DAVID B. AXELROD**VICE
PRESIDENT/TREASURER****01/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date