

**2016 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****03/01/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VPD
Name	VIA , ROLAND	Name	TAYLOR, VIRGIL
Address	534 EAGLE DRIVE	Address	4005 ACOMA DRIVE
City-State-Zip:	HOLLY HILL FL 32117	City-State-Zip:	ORMOND BEACH FL 32174
Title	BOARD OF DIRECTORS	Title	SECRETARY/TREASURER
Name	HEDDY, SUZANNE	Name	AXELROD, DAVID
Address	300 SOUTH ORCHARD ST.	Address	1104 JACARANDA DRIVE
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	DAYTONA BEACH FL 32118
Title	D	Title	BOARD OF DIRECTORS
Name	SMITH, DAN	Name	PIASECKI, RONALD
Address	9 SUNSET BLVD.	Address	21 HUNT MASTER COURT
City-State-Zip:	ORMOND BEACH FL 32176	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****SECRETARY/TREASURER 03/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date