

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90022 018 \*\*\*\*70.00

DOCUMENT # 721018

1. Corporation Name

Orlando Track Officials Club, Inc.

Principal Place of Business

Mailing Address

416 Hermitage Dr.  
Altamonte Springs FL 32701



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1107 Evangeline Ave		26		05/25/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7247502	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Orlando FL		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24 32809		25 US		29	
30		30		30	

9. Name and Address of Current Registered Agent

Nelson, Gregory P.  
416 Hermitage Dr.  
Altamonte Springs FL 32701

10. Name and Address of New Registered Agent

81 Name Roland Taylor  
82 Street Address (P.O. Box Number is Not Acceptable) 1107 Evangeline, Ave  
83  
84 City Orlando FL 85 Zip Code 32809

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ROLAND TAYLOR, SECY/TREAS

8-4-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Nelson, Gregory P.			1.2 NAME	Seebers, Richard H.		
STREET ADDRESS	416 Hermitage Dr.			1.3 STREET ADDRESS	707 Baxter Ave		
CITY-ST-ZIP	Altamonte Springs FL 32701			1.4 CITY-ST-ZIP	Orlando FL 32806		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Taylor, Ronald			2.2 NAME	Taylor, Roland		
STREET ADDRESS	1107 Evangeline Ave			2.3 STREET ADDRESS	1107 Evangeline Ave		
CITY-ST-ZIP	Orlando FL 32809			2.4 CITY-ST-ZIP	Orlando FL 32809		
TITLE	DST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Merrick, Don			3.2 NAME	Benz, Ted		
STREET ADDRESS	1862 Broken Arrow Trail			3.3 STREET ADDRESS	215 W Princeton St.		
CITY-ST-ZIP	Winter Park FL 32792			3.4 CITY-ST-ZIP	Orlando FL 32804		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roland Taylor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-4-99 (407) 855-3035

CR2E037 (11/98)