

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 FEB -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723173 (1)

1. Corporation Name
RACE TRACK CHAPLAINCY OF AMERICA, INC

Principal Place of Business Mailing Address
3607 HILLCREST DRIVE BELMOUNT CA 94002 3607 HILLCREST DRIVE BELMOUNT CA 94002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1972** 3a. Date of Last Report **03/08/1994**
4. FEI Number **23-7181877** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MILES, RALPH
201 E 2ND ST
HIALEAH FL 33010**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, CAROL	1.2 NAME	
STREET ADDRESS	3607 HILLCREST DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	BELMONT CA	1.4 CITY- ST- ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICK, DAN	2.2 NAME	
STREET ADDRESS	1600 QUARTER HORSE DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	AMARILLO TX	2.4 CITY- ST- ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, TANNA	3.2 NAME	Rev. Thomas Cherry
STREET ADDRESS	1605 S.W. 20TH AVENUE	3.3 STREET ADDRESS	39430 Calle San Clemente
CITY- ST- ZIP	FT. LAUDERDALE FL	3.4 CITY- ST- ZIP	Murrieta, CA 92562-4340
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PAT	4.2 NAME	Vice President
STREET ADDRESS	P.O. BOX 30587-A/A	4.3 STREET ADDRESS	Mr. Pat Day
CITY- ST- ZIP	OKLAHOMA CITY OK	4.4 CITY- ST- ZIP	5402 Barbary Circle
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, ROY	5.2 NAME	
STREET ADDRESS	13327 CURRAN BLVD.	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW ORLEANS LA	5.4 CITY- ST- ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY-THOMAS	6.2 NAME	
STREET ADDRESS	-39430 CALLE SAN CLEMENTE-	6.3 STREET ADDRESS	
CITY- ST- ZIP	-MURRIETA CA-	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an Attachment with an address.

SIGNATURE: Carol L. Marino Carol L. Marino, Administrator January 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Page 8)

(415) 598-0139
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