2002 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 723173** Feb 11, 2002 8:00 am 1. Entity Name **Secretary of State** RACE TRACK CHAPLAINCY OF AMERICA, INC 02-11-2002 90229 024 ****61.25 Principal Place of Business Mailing Address 232 HILLSDALE STREET 232 HILLSDALE STREET EUREKA CA 95501 EUREKA - GA - 95501-2. Principal Place of Business 3. Mailing Address 1050 S. Prairie Avenue P. O. Box 91640 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7181877 Inglewood, CA 96301 90009 Los Angeles, CA Not Applicable ^{Zip} 90301 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 90009 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILES, RALPH 201 E 2ND ST HIALEAH FL 33010 City Zip Code 8. 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. tand tale if applicable Treasurer (NOTE: Registered Agent signature required when reinstating) Richard Meyer. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) ☐ Delete Change ☐ Addition TITLE TITLE TORRES, ENRIQUE DR. NAME NAME 5858 ABERNATHY DRIVE CR2E037 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 90045 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE SELL, RONALD REV. NAME NAME **76 DEMOTT AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIFTON NJ 07011 CITY-ST-ZIP TITLE Delete Change ☐ Addition MEYER, RICK NAME NAME 301 SHARON COURT STREET ADDRESS STREET ADDRESS KING OF PRUSSIA PA 19406 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RECORDS, JOHN NAME NAME **6306 BITTERSWEET DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARLINGTON TX 76001 CITY-ST-ZIP ☐ Defete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Richard Meyer 1/18/2002

1/2002 215 735-1

Daytime Phone #