

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723173

FILED
Jan 14, 2008
Secretary of State

Entity Name: RACE TRACK CHAPLAINCY OF AMERICA, INC

Current Principal Place of Business:

1050 S. PRAIRIE AVENUE
INGLEWOOD, CA 90301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91640
LOS ANGELES, CA 90009

New Mailing Address:

FEI Number: 23-7181877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, RALPH
201 E 2ND ST
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: TORRES, ENRIQUE DR.
Address: 5858 ABERNATHY DRIVE
City-St-Zip: LOS ANGELES, CA 90045

Title: P () Delete
Name: EDWARD, SMITH MR.
Address: 402 ALVA DRIVE
City-St-Zip: GRAND PRAIRIE, TX 75052

Title: T () Delete
Name: MARGARET, LANDRETH MS.
Address: 411 N. PECAN
City-St-Zip: TOMBALL, TX 77375

Title: SD () Delete
Name: SAM, ED SMITH MR.
Address: 2605 FLORENCE ROAD
City-St-Zip: ROANOKE, TX 76262

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. ENRIQUE TORRES

E.D

01/14/2008

Electronic Signature of Signing Officer or Director

Date