



**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 723173				90117828	
1. Entity Name RACE TRACK CHAPLAINCY OF AMERICA, INC					
Principal Place of Business 1000 S PRINANE AVENUE HOLLYWOOD CA 90001		Mailing Address PO BOX 91940 LOS ANGELES CA 90009			
2. Principal Place of Business		3. Mailing Address			
Bols, Apt. #, etc.		Bols, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 23-7181977	
5. Certificate of Status Desired <input type="checkbox"/>		6. Additional Fee Required \$8.75		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILES, RALPH 201 E 2ND ST HALEAH FL 33010			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED TORRES, ENRIQUE DR. 5468 ABERNATHY DRIVE LOS ANGELES CA 90045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SELL, RONALD REV. 70 DEMOTT AVENUE CLIFTON NJ 07011	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mr. Don Dean 10211 Chapel Rd., Potomac, MD 20854	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEYER, RICK 301 SHARON COURT KING OF PRUSSIA PA 19406	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ms. Phyllis Bunch 1300 N. Westminister, Guthrie, OK 73044	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RECORDS, JOHN 6308 BITTERSWEET DRIVE ARLINGTON TX 76001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b) Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that the signature shall have the same legal effect as if made under oath. 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 specifications.					
SIGNATURE: <u><i>Enrique Torres</i></u> 2/3/2003					
Enrique Torres, Executive Director					