2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 25, 2008
Secretary of State

DOCUMENT# 728617

Entity Name: FLORIDA TRACK CLUB, INC.

Current Principal Place of Business:

2160 NE 1ST BLVD #379
GAINESVILLE, FL 32609 US

New Principal Place of Business:

916 NE 7 TERRACE
GAINESVILLE, FL 32601 US

Current Mailing Address:

P. O. BOX 12463
UNIVERSITY STATION
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 23-7181954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITE, TOM
916 NE 7 TER
GAINESVILLE, FL 32601 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: PD ( ) Delete
Name: WHITE, TOM
Address: 916 NE 7 TER
City-St-Zip: GAINESVILLE, FL 32601

Title: TD ( ) Delete
Name: GIER, TIM
Address: 1427 NE 22 AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: VD ( ) Delete
Name: JOHNSON, ART
Address: 16130 NW 32ND AVE.
City-St-Zip: NEWBERRY, FL 32669

Title: SD ( ) Delete
Name: ADAMLE, PATTY
Address: 4626 SW 84 DRIVE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: DAVIS, DON
Address: 916 NE 7 TERRACE
City-St-Zip: GAINESVILLE, FL 32601

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: TOM WHITE PD 07/25/2008

Electronic Signature of Signing Officer or Director — Date