


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90037 045 \*\*\*\*61.25

<b>DOCUMENT # 740193</b> 1. Entity Name <b>GASPARILLA DISTANCE CLASSIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>205 1/2 EAST DAVIS BOULEVARD PO BOX 1881 TAMPA, FL 33606 US</b>			Mailing Address <b>P.O. BOX 1881 TAMPA, FL 33601</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-1943559</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>JOHN B. NEUKAMM 101 EAST KENNEDY BOULEVARD SUITE 3140 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>MENENDEZ, NILO 1420 N. TAMPA ST. TAMPA, FL 33601</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>FOSTER, ROBERT 205 1/2 EAST DAVIS BOULEVARD TAMPA, FL 33606</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>AWAD, ALEX 3418 WEST GRANADA STREET TAMPA, FL 33629</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>MCGEHEE, BRENDA 16020 GRASS LAKE DRIVE TAMPA, FL 33618</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>SMITH, GRETCHEN 11013 SAGINAW DRIVE TEMPLE TERRACE, FL 33617</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>RESNICK, JOEY 2812 OLD BAYSHORE WAY TAMPA, FL 33611</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			Date                      Daytime Phone #		
<b>SIGNATURE:</b> <i>Susan Harmeling</i>			05/01/07 813-254-7866		