

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743884 (9)

1. Corporation Name

MARTIN COUNTY KARTING ASSOCIATION, INC.

Principal Place of Business

10815 164TH ROAD, NORTH
JUPITER FL 33478
US

Mailing Address

10815 164TH ROAD NORTH
JUPITER FL 33478
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO BOX 45

Suite, Apt. #, etc.

27 City & State

28 PULG SALERNO, FL

29 34992 30 USA

3. Date Incorporated or Qualified
08/08/1978

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0116352

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACMILLAN, NEIL W
930 NE J.B. BLVD.
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RUFO, BARRY
STREET ADDRESS 3322 S.E. INLET HARBOR TERR.
CITY-ST-ZIP STUART FL ☒ DELETE

TITLE D
NAME CAMPBELL, TOM
STREET ADDRESS 8216 PALM STREET
CITY-ST-ZIP HOBE SOUND FL ☒ DELETE

TITLE P
NAME DE COURSEY, STEPHEN
STREET ADDRESS 10815 164TH ROAD NO.
CITY-ST-ZIP JUPITER FL ☐ DELETE

TITLE TD
NAME BAUSCH, TIM
STREET ADDRESS 867 S.W. ANDREW RD.
CITY-ST-ZIP PT. ST. LUCIE FL ☐ DELETE

TITLE SD
NAME TARANTINO, ED
STREET ADDRESS 986 MAGNOLIA BLUFF
CITY-ST-ZIP PALM CITY FL ☒ DELETE

TITLE D
NAME GOLD, MARK
STREET ADDRESS 2073 SW AMERICAN ST
CITY-ST-ZIP PT ST LUCIE FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME JERRY BEDARD
1.3 STREET ADDRESS 2921 BUCKLEY AVENUE
1.4 CITY-ST-ZIP LAKE WORTH, FL 33461 ☐ Change ☒ Addition

2.1 TITLE T
2.2 NAME DOUG HUEY
2.3 STREET ADDRESS 17140 BRIAN'S WAY
2.4 CITY-ST-ZIP JUPITER, FL 33478 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE D
4.2 NAME TIM BAUSCH
4.3 STREET ADDRESS 867 SW ANDREW RD.
4.4 CITY-ST-ZIP PORT ST. LUCIE, FL 34953 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE V
6.2 NAME NATHAN THOMAS
6.3 STREET ADDRESS 3165 1ST STREET
6.4 CITY-ST-ZIP VERO BEACH, FL 32968 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DOUG HUEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96
Date

(407) 694-4293
Daytime Phone #

CR2E037 (12/95)