

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744613

FILED
Apr 07, 2005
Secretary of State

Entity Name: CHECKERED FLAG COMMITTEE, INC.

Current Principal Place of Business:

1801 SPEEDWAY BLVD.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

220 S RIDGEWOOD AVE
STE 200
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-0215990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ROBERT L CPA
220 S. RIDGEWOOD AVE
STE 200
DAYTONA BCH, FL 32114 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: D () Delete
Name: HUGER, JAMES E.,
Address: 935 SYCAMORE STREET
City-St-Zip: DAYTONA BEACH, FL

Title: CD () Delete
Name: FREER, DAVE,
Address: 229 GLENBRIAR CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VD () Delete
Name: BROWN, R.C.
Address: P.O. BOX 5128 N/A
City-St-Zip: DAYTONA BEACH, FL

Title: TD () Delete
Name: JOHNSON, ROBERT L
Address: 9 ROCKY CREEK TRAIL
City-St-Zip: ORMOND BEACH, FL

Title: SD () Delete
Name: WILSON, ROBERT
Address: P.O. BOX 2120 N/A
City-St-Zip: DAYTONA BCH, FL 32115

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: TD (X) Change () Addition
Name: JOHNSON, ROBERT L
Address: 9 ROCKY CREEK TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT L. JOHNSON

TD

04/07/2005

Electronic Signature of Signing Officer or Director

Date