

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744613

FILED  
Mar 25, 2009  
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:**

200 S RIDGEWOOD AVE  
STE 100  
DAYTONA BEACH, FL 32114 US

**New Mailing Address:**

FEI Number: 59-3169440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, ROBERT L CPA  
200 S. RIDGEWOOD AVE  
STE 100  
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: VD ( ) Delete  
Name: CAMERON, JOSEPH  
Address: 213 PLEASANT VALLEY DR  
City-St-Zip: DAYTONA BEACH, FL 32114

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

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

Title: SD ( ) Delete  
Name: WILSON, ROBERT  
Address: 36 RIVER RIDGE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: CD ( ) Delete  
Name: REES, RONALD  
Address: 2718 WINTERFORD DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

**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: ( ) 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: ROBERT L. JOHNSON

TD

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date