## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 751272**

FILED Jan 13, 2009 Secretary of State

| Entity Nar                                  | me: SUNCOA  | ST RACE WEEK, INC.              |  |  |                              |          |
|---|---|---------------------------------|--|--|------------------------------|----------|
| Current Principal Place of Business:        |   |                                 | New Principal Place of Business:             |  |                              |          |
| 19806 RE <i>F</i><br>LUTZ, FL               |   |                                 |  |  |                              |          |
| Current Mailing Address:                    |   |                                 | New Mailing Address:                         |  |                              |          |
| 19806 REA<br>LUTZ, FL                       |   |                                 |  |  |                              |          |
| FEI Number:                                 | : 59-2874168  | FEI Number Applied For ( )      | FEI Number Not App                           | licable()  | Certificate of Status Desire | d ( )    |
| Name and                                    | Address of C  | urrent Registered Agent:        | Name and                                     | Address of                                       | New Registered Agent:        |          |
| DAWSON,<br>19806 REA<br>LUTZ, FL            |   |                                 |  |  |                              |          |
|   | named entity s<br>e of Florida.                           | ubmits this statement for the p | urpose of changing i                         | ts registered o                                  | office or registered agent,  | or both, |
| SIGNATUF                                    |   |                                 |  |  | D.:                          |          |
|   |   | ic Signature of Registered Age  |  |  | Date                         |          |
| OFFICERS AND DIRECTORS:                     |   |                                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |                              |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DPT ()<br>DAWSON, MICH<br>19806 READING<br>LUTZ, FL 33549 | S RD                            | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Change ( ) Addition        |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DV ()<br>PENNINGTON, (<br>13420 LAS PAL<br>LARGO, FL      |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | DV (X<br>PENNINGTON<br>13420 LAS PA<br>LARGO, FL |                              |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DS ()<br>PENNINGTON, I<br>13420 LAS PAL<br>LARGO, FL      |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Change ( ) Addition        |          |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ()<br>MOORE, HENR`<br>1003 S STERLII<br>TAMPA, FL       |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (  | ) Change ( ) Addition        |          |

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: MICHAEL W DAWSON DPT 01/13/2009