2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 837442

1. Entity Name
NATIONAL HOT ROD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2035 FINANCIAL WAY GLENDORA, CA 91741 US	P.O.BOX 5555 GLENDORA, CA 91741 US

07052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-1686172

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD T.
408 W UNIVERSITY AVE
STE 500
GAINESVILLE, FL 33601

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000769400
07/18/07-80005-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GARDNER, DALLAS
STREET ADDRESS	2035 FINANCIAL WAY
CITY-ST-ZIP	GLENDORA, CA 91741
TITLE	SD
NAME	WELLS, DICK
STREET ADDRESS	2035 FINANCIAL WAY
CITY-ST-ZIP	GLENDORA, CA 91741
TITLE	D
NAME	PARKS, WALLY
STREET ADDRESS	2035 FIANANCIAL WAY
CITY-ST-ZIP	GLENDORA, CA 91741
TITLE	AS
NAME	JONES, RICHARD T.
STREET ADDRESS	408 W UNIVERSITY AVE STE 500
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	PTD
NAME	COMPTON, TOM
STREET ADDRESS	2035 FINANCIAL WAY
CITY-ST-ZIP	GLENDORA, CA 91741
TITLE	D
NAME	CLIFFORD, PETER
STREET ADDRESS	2035 FINANCIAL WAY
CITY-ST-ZIP	GLENDORA, CA 91741

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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.

SIGNATURE: _____ 7/9/07 (626)250-2237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #