

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000004878**

1. Entity Name  
**AIR RACE CLASSIC, INC.**



Principal Place of Business  
**SPRUCE FLY-IN, 1856 SECLUSION DRIVE  
PORT ORANGE, FL 32128**

Mailing Address  
**SPRUCE FLY-IN, 1856 SECLUSION DRIVE  
PORT ORANGE, FL 32128**

**DO NOT WRITE IN THIS SPACE**



01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number **03-0443003** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOLKEMA-TOKAR, JUDITH A  
SPRUCE FLY-IN, 1856 SECLUSION DRIVE  
PORT ORANGE, FL 32128**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BOLKEMA-TOKAR, JUDITH A  
SPRUCE FLY-IN, 1856 SECLUSION DRIVE  
PORT ORANGE, FL 32128**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LOWRY, ESTHER  
3801 VILLAGE DRIVE #1301  
GAINESVILLE, GA 30506**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WATERS, DENISE  
136 E. 61ST, #2B  
NEW YORK, NY 10021**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JAHN, GRETCHEN L  
P.O. BOX 369  
EASTLAKE, CO 80614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000010783  
01/23/04-80012-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Gretchen L Jahn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gretchen L Jahn*

*4/17/04*  
Date

*303-450-6557*  
Daytime Phone #