

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005863

FILED
Sep 02, 2004
Secretary of State

Entity Name: "O"-TOWN EXPRESS TRACK CLUB, INC.

Current Principal Place of Business:

POST OFFICE BOX 681842
ORLANDO, FL 328681842

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 681842
ORLANDO, FL 328681842

New Mailing Address:

FEI Number: 33-1008383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, ROBERT F
4432 MALVERN HILL DRIVE
ORLANDO, FL 32818 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: P () Delete
Name: ANDERSON, MCLIN
Address: POST OFFICE BOX 681842
City-St-Zip: ORLANDO, FL 328681842

Title: T () Delete
Name: ANDERSON, ROBERT F
Address: 4432 MALVERN HILL DR.
City-St-Zip: ORLANDO, FL 32818

Title: VP () Delete
Name: MOTHERSILL, GERDA
Address: 1930 LAKE SHORE CIR.
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: HARGRETT, PATRICIA
Address: 6216 ORANGE COVE DR.
City-St-Zip: ORLANDO, FL 32819

Title: P () Delete
Name: ANDERSON, MCLIN
Address: P.O. BOX 681842
City-St-Zip: ORLANDO, FL 32868

Title: BMGT () Delete
Name: CALDERON, JULIET
Address: 3695 LOMOND CT.
City-St-Zip: APOPKA, FL 32712

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:

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 F. ANDERSON

T

09/02/2004

Electronic Signature of Signing Officer or Director

Date