2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005804

FILED Apr 28, 2005 Secretary of State

Entity Name: SOUTH CAMPUS RACERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11541 OAK PARK DR 11900 ALDEN RD. JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32246 **Current Mailing Address:** New Mailing Address: 11541 OAK PARK DR 11528 OAK PARK DR. JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 FEI Number: 38-3684577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORTIN, THEODORE M 11541 OAK PARK DR JACKSONVILLE, FL 32225 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FORTIN, THEODORE M Name: Name: 11541 OAK PARK DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: T/D () Delete Title: SRVP (X) Change () Addition GRIMES, DOUGLAS Name: GRIMES, DOUGLAS Name: Address: 3339 LINE JUDGE CT Address: 3339 LINE JUDGE CT City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32277 Title: S/D () Delete Title: (X) Change () Addition GENCHUR, DAVID ROBBINS, JON Name: Name: 6904 HEIDI RD. Address: 14019 BEACH BLVD. Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32277 Title: VP/D () Delete Title: VP/D (X) Change () Addition Name: KOGAN, MICHAEL S DR. Name: CLAUS, KRISTIN N Address: 714 2ND. STREET Address: 11528 OAK PARK DR. City-St-Zip: NEPTUNE BEACH, FL 32266 City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: () Change () Addition FORTIN, JOHN E Name: Name: 03642 TROUT AVE Address: Address: City-St-Zip: FRUITLAND PARK, FL 34738 City-St-Zip: Title: () Delete Title: () Change (X) Addition BAGLEY, CHRIS Name: Name: Address: Address: 6960 TAMPICO RD. JACKSONVILLE, FL 32244 City-St-Zip: 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: THEODORE M FORTIN PRES 04/28/2005