
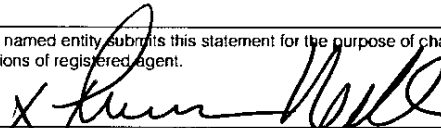
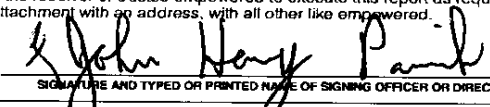


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90471 027 \*\*\*\*61.25

<b>DOCUMENT # N04000001051</b> 1. Entity Name <b>BACK ON TRACK CLUBHOUSE, INC.</b>					
Principal Place of Business 19680 WEST DIXIE HIGHWAY AVENTURA, FL 33180				Mailing Address 19680 WEST DIXIE HIGHWAY AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>402042091</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUTNIK, CHRISTOPHER D</b> <b>1060 NE 142ND ST</b> <b>N. MIAMI, FL 33161</b>				7. Name and Address of New Registered Agent  Name <b>MULLEN, THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>18700 NE 25th Ave</b>  City <b>North Miami Beach</b> <b>FL</b> Zip Code <b>33180</b>	
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  (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PC	<input type="checkbox"/> Delete			
NAME	PARRISH, JOYHN H	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	13320 N. MIAMI AVE				
CITY-ST-ZIP	MIAMI, FL 33166				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	BERNER, JUDY	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	18517 W. DIXIE HWY				
CITY-ST-ZIP	AVENTURA, FL 33180				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	HUTNIK, CHRISTOPHER D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	1060 NE 142ND ST				
CITY-ST-ZIP	N. MIAMI, FL 33161				
TITLE	T	<input checked="" type="checkbox"/> Delete			
NAME	GREENHOUSE, DORTHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	2416 SW 54TH ST				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312				
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					