

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

08-29-2005 90142 040 *****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08232005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-3460673** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KNIGHT, JANET C
C/O EAST BAY RACEWAY PARK
6311 BURTS ROAD
TAMPA, FL 33619

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Janet Knight Janet Knight 8/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee Is \$61.25
Due by September 7, 2005

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KNIGHT, JANET C	10015 PREVATT STREET	GIBSONTOWN, FL 33534	<input type="checkbox"/> Delete
VP	CATES, CYNTHIA D	511 W. SWILLEY LOOP	PLANT CITY, FL 33534	<input type="checkbox"/> Delete
S	LAND, BRENDA S	3407 S. JAP TUCKER ROAD	PLANT CITY, FL 33566	<input type="checkbox"/> Delete
T	CLARK, STACY D	40218 PRETTY RED BIRD ROAD	ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Knight, Janet C	12503 Lenwood Lane	Riverview, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Janet Knight Janet Knight 8/20/05 813 677-7223
Signature and typed or printed name of signing officer or director Date Filing Fee