

**2006 NOT-FOR-PROFIT CORPORATION  
—ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04092**

1. Entity Name  
**DAYTONA ANTIQUE AUTO RACING ASSN., INC.**



Principal Place of Business  
**15524 BREAM RD  
JACKSONVILLE, FL 32226 US**

Mailing Address  
**15524 BREAM RD  
JACKSONVILLE, FL 32226 US**



02042006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2471220**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**BLACKIE, RHODA G  
15524 BREAM RD  
JACKSONVILLE, FL 32226**

**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 reissuing)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MILLER, DALE
STREET ADDRESS	237 RUTH BLVD
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	VP
NAME	SMITH, CHRIS
STREET ADDRESS	429 RIVER BLUFF CIRCLE
CITY-ST-ZIP	DE BARY, FL 32173
TITLE	SEC
NAME	HOERSTING, DEE
STREET ADDRESS	1919 VERNON PLACE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	TRES
NAME	BLACKIE, RHODA G
STREET ADDRESS	15524 BREAM ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D
NAME	IVERSON, RICHARD
STREET ADDRESS	4165 WEST WHIPPOWILL ST
CITY-ST-ZIP	LECANTO, FL 34460
TITLE	D
NAME	STIVES, DON
STREET ADDRESS	429 W. JUSTICE CT
CITY-ST-ZIP	HOMOSASSA, FL 34446

UN00000438210  
02/28/06-80080-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rhoda G Blackie* Rhoda G Blackie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

904-486-7678

Date

Daytime Phone #