

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010039

FILED
Jan 19, 2007
Secretary of State

Entity Name: TREASURE COAST KARTING ASSOCIATION, INC.

Current Principal Place of Business:

1260 SE INDUSTRIAL BLVD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

2202 SE SHIPPING ROAD
PORT ST. LUCIE, FL 34952

Current Mailing Address:

PO BOX 7213
PORT ST. LUCIE, FL 34985

New Mailing Address:

2202 SE SHIPPING ROAD
PORT ST. LUCIE, FL 34952

FEI Number: 20-5742912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSTON, KENNETH J JR
1260 SE INDUSTRIAL BLVD
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

JENKINS, TRACY D
2202 SE SHIPPING ROAD
PORT ST. LUCIE, FL 34952 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: TRACY D. JENKINS

01/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARSTON, KENNETH J JR
Address: PO BOX 7213
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: DS () Delete
Name: JENKINS, TRACY
Address: PO BOX 7213
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: D () Delete
Name: BUTTIER, BILL
Address: PO BOX 7213
City-St-Zip: PORT ST. LUCIE, FL 34985

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JENKINS, TRACY D
Address: 2202 SE SHIPPING ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST (X) Change () Addition
Name: JENKINS, TRACY L
Address: 2202 SE SHIPPING ROAD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D (X) Change () Addition
Name: TOKES, BILLY
Address: 3505 FONTANEDA AVE
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Change (X) Addition
Name: WHIPPLE, TOM
Address: 4300 NW 4TH COURT
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TRACY D. JENKINS

PRES

01/19/2007

Electronic Signature of Signing Officer or Director

Date