



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90674 004 \*\*\*\*61.25

<b>DOCUMENT # N07856</b> 1. Entity Name <b>SEBRING INTERNATIONAL RACEWAY ADVISORY COUNCIL, INC.</b>					
Principal Place of Business 329 SOUTH COMMERCE AVENUE C/O MICHAEL J. TROMBLEY SEBRING, FL 33870				Mailing Address C/O BRUCE LYBARGER 300 N CIRCLE SEBRING, FL 33870 US	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2201 US 27 S</b>  Suite, Apt. #, etc.		<div style="font-size: 24pt; font-weight: bold;">94078947</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>01162004</span> <span>Chg-NP</span> <span>CR2E037 (10/03)</span> </div>	
City & State <b>SEBRING FL</b>		4. FEI Number <b>NOT APPLICABLE</b>			
Zip <b>33870</b>		Country <b>HIGHLANDS</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TROMBLEY, MICHAEL J. 329 SOUTH COMMERCE AVENUE SEBRING, FL 33870</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOMMER, NICHOLAS 329 S COMMERCE AVE SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEITH, JEFF 2201 US 27 SOUTH SEBRING, FL 33870	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYBARGER, BRUCE 300 N. CIRCLE SEBRING, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANN, BILL 207 ZODIAC SEBRING, FL 33876	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>JEFF S. KEITH, V.P.</u> <span style="float: right;">4/29/04 (863) 382-2800</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					