2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008059

FILED Apr 21, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA TRACK OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 919 SILVERTON LOOP 919 SILVERTON LOOP LAKE MARY, FL 327464915 LAKE MARY, FL 327464915 US **Current Mailing Address: New Mailing Address:** 919 SILVERTON LOOP LAKE MARY, FL 327464915 FEI Number: 26-3445289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONROE, DEREK C 6101 WATERFIELD WAY ST CLOUD, FL 347718846 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BONCK, LIONEL N BONCK, LIONEL N Name: Name: 919 SILVERTON LOOP Address: 919 SILVERTON LOOP Address: City-St-Zip: LAKE MARY, FL 327464915 City-St-Zip: LAKE MARY, FL 327464915 US Title: () Delete Title: (X) Change () Addition BOOTH, WILLIAM Name: BOOTH, WILLIAM Name: Address: 32755 TIMBERWOOD DR Address: 32755 TIMBERWOOD DR City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34748 US Title: () Delete Title: (X) Change () Addition MONROE, DEREK C MONROE, DEREK C Name: Name: Address: 6101 WATERFIELD WAY Address: 6101 WATERFIELD WAY City-St-Zip: ST CLOUD, FL 347718846 City-St-Zip: ST CLOUD, FL 347718846 Title: () Delete Title: () Change (X) Addition SALES, JOHN Name: Name: Address: Address: 1119 HOMEWARD LN City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US Title: () Delete Title: () Change (X) Addition TUSSING, TONY Name: Name: 1630 GAUDRY STREET Address: Address: City-St-Zip: City-St-Zip: DELAND, FL 32720 US

I hereby certify that the information supplied with this filing does not qualify 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: LIONEL N. BONCK P 04/21/2009