

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43258

(5)

1. Corporation Name

PEACE RIVER TRACK CLUB, INC.



Principal Place of Business

Mailing Address

21104 EDGEWATER DRIVE
PORT CHARLOTTE FL 33952-9102

21104 EDGEWATER DRIVE
PORT CHARLOTTE FL 33952-9102

3. Date Incorporated or Qualified
05/06/1991

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0273656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKEY, JOHN
21104 EDGEWATER DR
PORT CHARLOTTE FL 33950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HICKEY, JOHN
STREET ADDRESS 21104 EDGEWATER DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ DELETE

NAME EMERICH, GUY
STREET ADDRESS 21325 COACHMAN AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TD ☐ DELETE

NAME HICKEY, ERMA
STREET ADDRESS 21104 EDGEWATER DR
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VD ☐ DELETE

NAME MORSE, SCOTT
STREET ADDRESS 4550 CYNTHIA TERRACE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE SD ☐ DELETE

NAME MORSE, BETHANY
STREET ADDRESS 4550 CYNTHIA TERRACE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VD ☒ DELETE

NAME TEDFORD, ROBERT
STREET ADDRESS 1100 BELKTON AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P Wayne Hamilton
258 E. Tarpon Blvd.
Port Charlotte FL 33952

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Craig Breder
22259 Elmira Blvd.
Port Charlotte FL 33952

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Hickey John Hickey

2-1-96

941-743-0480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)