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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43258** (5)

1. Corporation Name

PEACE RIVER TRACK CLUB, INC.



Principal Place of Business

Mailing Address

**4550 CYNTHIA TERRACE
NORTH PORT FL 34286**

**4550 CYNTHIA TERRACE
NORTH PORT FL 34286**

3. Date Incorporated or Qualified

05/06/1991

4. FEI Number

65-0273656

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORSE, SCOTT D
4550 CYNTHIA TERRACE
NORTH PORT FL 34286**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORSE, SCOTT	
STREET ADDRESS	4550 CYNTHIA TERRACE	
CITY-ST-ZIP	NORTH PORT FL 34286	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EMERICH, GUY	
STREET ADDRESS	21325 COACHMAN AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, WAYNE	
STREET ADDRESS	258 E TARPON BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, SCOTT	
STREET ADDRESS	4550 CYNTHIA TERRACE	
CITY-ST-ZIP	NORTH PORT FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, BETHANY	
STREET ADDRESS	4550 CYNTHIA TERRACE	
CITY-ST-ZIP	NORTH PORT FL 34286	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BREDER, CRAIG	
STREET ADDRESS	22259 ELMIRA BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Park
2.3 STREET ADDRESS	2310 Sandlewood Dr
2.4 CITY-ST-ZIP	Venice, FL 34293

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Suzanne Mooney
3.3 STREET ADDRESS	21319 Leonard Ave
3.4 CITY-ST-ZIP	Pt. Charlotte, FL 33454

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Roger Mooney
4.3 STREET ADDRESS	21319 Leonard Ave
4.4 CITY-ST-ZIP	Pt. Charlotte, FL 33454

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer TD
5.3 STREET ADDRESS	Pamela Riecke
5.4 CITY-ST-ZIP	25373 Palisade Rd

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	Bethany Morse
6.4 CITY-ST-ZIP	4550 Cynthia Terrace

14. 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 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:

Pamela Riecke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-98 941-743-6410

CR2E037 (10/97)