

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90006 028 ****61.25

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DOCUMENT # N43258

1. Corporation Name

PEACE RIVER TRACK CLUB, INC.

120395 90006 28

Principal Place of Business

**4550 CYNTHIA TERRACE
NORTH PORT FL 34286**

Mailing Address

**4550 CYNTHIA TERRACE
NORTH PORT FL 34286**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/06/1991

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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** ☐ DELETE
NAME **MORSE, SCOTT**
STREET ADDRESS **4550 CYNTHIA TERRACE**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **D** ☒ DELETE
NAME **PASRK, DAVID**
STREET ADDRESS **2310 SANDLE WOOD DR**
CITY-ST-ZIP **VENICE FL 34293**

TITLE **P** ☐ DELETE
NAME **MOONEY, SUZANNE**
STREET ADDRESS **21319 LEONARD AVE**
CITY-ST-ZIP **PT CHARLOTTE FL 33954**

TITLE **VP** ☐ DELETE
NAME **MOONEY, ROGER**
STREET ADDRESS **21319 LEONARD AVE**
CITY-ST-ZIP **PT CHARLOTTE FL 33954**

TITLE **TD** ☐ DELETE
NAME **RIECKE, PAMELA**
STREET ADDRESS **24373 PALISADE RD**
CITY-ST-ZIP **PT CHARLOTTE FL 33983**

TITLE **SD** ☐ DELETE
NAME **MORSE, BTHEMY**
STREET ADDRESS **4550 CYNTHIA TERR**
CITY-ST-ZIP **NORTH PORT FL 34286**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Scott Morse**
1.3 STREET ADDRESS **4550 Cynthia Terrace**
1.4 CITY-ST-ZIP **North Port, FL 34286**

2.1 TITLE **D** ☐ Change ☐ Addition
2.2 NAME **Darrell M. Istead**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **Suzanne Mooney**
3.3 STREET ADDRESS **21319 Leonard Ave**
3.4 CITY-ST-ZIP **Pt Charlotte, FL 33954**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **Pamela Jones**
5.3 STREET ADDRESS **15342 Briar Ridge Cr**
5.4 CITY-ST-ZIP **Ft. Myers, FL 33912**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature of Scott Morse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-99

Date

941-423-1582

Daytime Phone #

CR2E037 (11/98)