

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 # **N47313** (4)

1. Corporation Name

NORTHEAST FLORIDA DERBY ASSOCIATION, INC.

Principal Place of Business

**1725 S. FLETCHER AVE
FERNANDINA BCH. FL 32034
US**

Mailing Address

**1725 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034**



3. Date Incorporated or Qualified

02/12/1992

3a. Date of Last Report

01/30/1995

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

**NEAL, DONALD C.
1725 S. FLETCHER AVE.
FERNANDINA BEACH FL 32034**

4. FEI Number

59-3108164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

(NOTE: Registered Agent signature required when reinstating)

4/26/96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **NEAL, DONALD C.**
STREET ADDRESS **1725 S FLETCHER AVE**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **D** ☐ DELETE
NAME **PURVIS, TOMMY**
STREET ADDRESS **1607 ATLANTIC AVE**
CITY-ST-ZIP **FERNANDINA BCH. FL**

TITLE **D** ☒ DELETE
NAME **CORBETT, THOMAS A.**
STREET ADDRESS **2847 E PARK SQUARE PLACE**
CITY-ST-ZIP **FERNANDINA BCH. FL**

TITLE **D** ☐ DELETE
NAME **PICKETT, SEVE**
STREET ADDRESS **3178 CREWS ROAD**
CITY-ST-ZIP **FERNANDINA BCH. FL**

TITLE **D** ☐ DELETE
NAME **HASPEL, MRS. CHERYL**
STREET ADDRESS **2126 WESLEY RD**
CITY-ST-ZIP **YULEE FL**

TITLE **D** ☐ DELETE
NAME **Eugene Coleman**
STREET ADDRESS **1066 So 10th Street**
CITY-ST-ZIP **FERNANDINA BCH. FL 32034**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D.** ☐ Change ☒ Addition
12 NAME **Mr Dwayne Higgs**
13 STREET ADDRESS **605 Wells Rd**
14 CITY-ST-ZIP **ORANGE PARK, F. 32067**

21 TITLE **D** ☐ Change ☒ Addition
22 NAME **Eugene Coleman**
23 STREET ADDRESS **1066 So 10th Street**
24 CITY-ST-ZIP **FERNANDINA BCH. FL 32034**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director / Pres.

4/26/96

(904) 277-5125

CR2E037 (12/95)