


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90063 028 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N47313**

1. Corporation Name

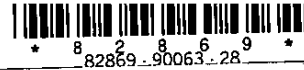
**NORTHEAST FLORIDA DERBY ASSOCIATION, INC.**

Principal Place of Business

1725 S. FLETCHER AVE  
 FERNANDINA BCH. FL 32034  
 US

Mailing Address

1725 S. FLETCHER AVE.  
 FERNANDINA BEACH FL 32034



|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 02/12/1992  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-3108164  |  |
| 24 Country                     |  | 29 Country             |  | 5. Certificate of Status Desired  |  |
|                                |  |                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 25                             |  | 30                     |  | 6. Election Campaign Financing  |  |
|                                |  |                        |  | <input type="checkbox"/> Trust Fund Contribution  |  |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |      |
|---|------|
| 81 Name   | Same |
| 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: DONALD C. NEAL (NOTE: Registered Agent signature required when reinstating) DATE: 2/2/99

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---|--|
| TITLE                      | D                   | 1.1 TITLE   |  |
| NAME                       | HIGGS, DUWAYNE      | 1.2 NAME  |  |
| STREET ADDRESS             | 605 WELLS RD        | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORANGE PARK FL      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                   | 2.1 TITLE   |  |
| NAME                       | COLEMAN, EUGENE     | 2.2 NAME  |  |
| STREET ADDRESS             | 1006 SO 10TH ST     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FERNANDINA BCH. FL  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                   | 3.1 TITLE   |  |
| NAME                       | PICKETT, SEVE       | 3.2 NAME  |  |
| STREET ADDRESS             | 3178 CREWS ROAD     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FERNANDINA BCH. FL  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                   | 4.1 TITLE   |  |
| NAME                       | HASPEL, SHERYL      | 4.2 NAME  |  |
| STREET ADDRESS             | 2126 WESLEY RD      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | YULEE FL            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | P                   | 5.1 TITLE   |  |
| NAME                       | NEAL, DONALD C      | 5.2 NAME  |  |
| STREET ADDRESS             | 1725 S FLETCHER AVE | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FERNANDINA BCH FL   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | C                   | 6.1 TITLE   |  |
| NAME                       | PURVIS, TOMMY       | 6.2 NAME  |  |
| STREET ADDRESS             | 2500 ATLANTIC AVE   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FERNANDINA BCH FL   | 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: DONALD C. NEAL SIGNATURE REQUIRED: Pres DATE: 2/2/99 DAYTIME PHONE #: 904 297-5125

CR2E037 (11/98)