

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10:39

SECRETARY OF TALLAHASSEE F.

DOCUMENT # N49948 (5)
1. Corporation Name
NORTHWEST FLORIDA TRACK CLUB, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 911 SHALIMAR FL 32579 POST OFFICE BOX 911 SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1992	3a. Date of Last Report 08/10/1994
4. FEI Number 59-3123885	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Country
25 Country	30 Zip

9. Name and Address of Current Registered Agent AUFDERHEIDE, CHRISTINE 11 COUNTRY CLUB RD SHALIMAR FL 32579	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUFDERHEIDE, CHRISTINE	1.2 NAME	
STREET ADDRESS	11 COUNTRY CLUB RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL 32579	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROHASKA, JON	2.2 NAME	VD Prohaska, Jon
STREET ADDRESS	208-B OAK AVE.	2.3 STREET ADDRESS	75 6th Ave
CITY - ST - ZIP	FORT WALTON BEACH FL 32548	2.4 CITY - ST - ZIP	Shalimar, FL, 32579
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVE	3.2 NAME	
STREET ADDRESS	P.O. BOX 911 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL 32579	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, PATTI	4.2 NAME	
STREET ADDRESS	209 BAKER AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT WALTON BEACH FL 32548	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 the first, or on an attachment with an address.

SIGNATURE: *Christine Aufderheide* **Christine Aufderheide** July 31, 1995
Signature of the Registered Agent or Director

CR2E037 (3/95)