

**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 # **N49948** (5)

1. Corporation Name  
**NORTHWEST FLORIDA TRACK CLUB, INC.**



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

3. Date Incorporated or Qualified: **07/20/1992**  
3a. Date of Last Report: **08/07/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-3123885**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: **David O. Miller**  
82 Street Address (P.O. Box Number is Not Acceptable): **2575 Barron Court**  
83 City: **Shalimar** FL 85 Zip Code: **32579**

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: *David O. Miller* **David O. Miller** 3/11/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	NAME: AUFDERHEIDE, CHRISTINE STREET ADDRESS: 11 COUNTRY CLUB RD. CITY-ST-ZIP: SHALIMAR FL 32579	1.1 TITLE: <b>President</b> Dale Erickson 1.2 NAME: Dale Erickson 1.3 STREET ADDRESS: 398 Lincoln 1.4 CITY-ST-ZIP: Val Paraiso, FL 32580
TITLE: VD	NAME: PROHASKA, JON STREET ADDRESS: 75 6THA VE CITY-ST-ZIP: SHALIMAR FL	2.1 TITLE: <b>Vice President</b> James Cardow 2.2 NAME: James Cardow 2.3 STREET ADDRESS: 46 Longwood Dr. 2.4 CITY-ST-ZIP: Shalimar, FL 32579
TITLE: TD	NAME: MILLER, DAVE STREET ADDRESS: P.O. BOX 911 N/A CITY-ST-ZIP: SHALIMAR FL 32579	3.1 TITLE: <b>Director</b>
TITLE: SD	NAME: HORTON, PATTI STREET ADDRESS: 209 BAKER AVE CITY-ST-ZIP: FORT WALTON BEACH FL 32548	4.1 TITLE: <b>Secretary</b> Suzanne Herzog 4.2 NAME: Suzanne Herzog 4.3 STREET ADDRESS: 4475 Parkwood Sq. 4.4 CITY-ST-ZIP: Niceville, FL 32578
TITLE:	NAME:	5.1 TITLE:
TITLE:	NAME:	5.2 NAME:
TITLE:	NAME:	5.3 STREET ADDRESS:
TITLE:	NAME:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:
TITLE:	NAME:	6.2 NAME:
TITLE:	NAME:	6.3 STREET ADDRESS:
TITLE:	NAME:	6.4 CITY-ST-ZIP:

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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: *David O. Miller* **David O. Miller** 3/11/96 DATE 904-863-1530 ext 32 DAYTIME PHONE #

CR2E037 (12/95)

5-1-96 PM