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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

POST OFFICE BOX 911
SHALIMAR FL 32579

POST OFFICE BOX 911
SHALIMAR FL 32579-0911

3. Date Incorporated or Qualified
07/20/1992

3a. Date of Last Report
05/01/1996

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

10. Name and Address of New Registered Agent

MILLER, DAVID O.
2575 BARRON COURT
SHALIMAR FL 32579

81 Name

Charles Horton

82 Street Address (P.O. Box Number is Not Acceptable)

207 Baker Ave.

83

84 City

FT. Walton Bch.

FL

85 Zip Code

32548

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

Charles Horton

2-2-97

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

(NOTE: Registered Agent signature required when relistating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | EIRIKSSON, DALE | |
| STREET ADDRESS | 398 LINCOLN | |
| CITY-ST-ZIP | VAL PARAISSO FL 32580 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | CARDOW, JAMES | |
| STREET ADDRESS | 46 LONGWOOD DR. | |
| CITY-ST-ZIP | SHALIMAR FL 32579 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MILLER, DAVE | |
| STREET ADDRESS | P.O. BOX 911 N/A | |
| CITY-ST-ZIP | SHALIMAR FL 32579 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | HELZOY, SUZANNE | |
| STREET ADDRESS | 4475 PARKWOOD SQ. | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HORTON, CHARLES | |
| 1.3 STREET ADDRESS | 207 Baker Ave. F | |
| 1.4 CITY-ST-ZIP | FT. Walton Bch., FL 32548 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | HERZOG, KIRK | |
| 2.3 STREET ADDRESS | 4475 Parkwood Sq. | |
| 2.4 CITY-ST-ZIP | Niceville, FL 32578 | |
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Eiriksson, Sandra | |
| 3.3 STREET ADDRESS | #1 Hidden Cove | |
| 3.4 CITY-ST-ZIP | Valparaiso, FL 32580 | |
| 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | HORTON, PATTI | |
| 4.3 STREET ADDRESS | 207 Baker Ave. | |
| 4.4 CITY-ST-ZIP | FT. Walton Bch., FL 32548 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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.

SIGNATURE: Charles Horton REQUIRED

2-2-97 (904) 863-4238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024200

CR2E037 (9/96)