## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 06, 2007 DOCUMENT# N49948 Secretary of State

Entity Name: NORTHWEST FLORIDA TRACK CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

POST OFFICE BOX 911 70 3RD AVE

SHALIMAR, FL 32579 #24

SHALIMAR, FL 32579

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 911 SHALIMAR, FL 32579

FEI Number: 59-3123885 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARDOW, BONNIE 46 LONGWOOD DRIVE SHALIMAR, FL 32579 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

WOLFE, EUGENE K PIAZZA, FILIPPO Name: Name: Address: 105 PINEDALE WAY Address: 1 SHADY OAK LN City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: SHALIMAR, FL 32579

Title: ( ) Delete Title: () Change () Addition

Name: WOLFE, CHERYL Name: Address: 105 PINEDALE WAY Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip:

Title: () Delete Title: () Change () Addition

MCMAHON, BRIAN Name: Name: 2575 BARRON CT Address: Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip:

(X) Change ( ) Addition Title: ( ) Delete Title:

PIAZZA, PAULA Name: SIMMONS, DEBORAH Name: 1 SHADY OAK LN Address: 1689 PARKSIDE CIR Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN T. MCMAHON Т 09/06/2007