

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90189 021 ****61.25

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DOCUMENT # N50048

1. Corporation Name

RACING FOR KIDS CLUB, INC.

Principal Place of Business
3513 FLORIDA RANCH BLVD.
ZEPHYRHILLS FL 33541

Mailing Address
P O BOX 5353
LAKELAND FL 33807
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/24/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3132199	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent

STORER, BOB
3513 FLORIDA RANCH BLVD.
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name	
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HILLMAN, JOHN	1.2 NAME	Mike Lewis
STREET ADDRESS	905 KERRY BLVD	1.3 STREET ADDRESS	5111 Shady Oak Dr N
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	LAKEland, FL 33810
TITLE	CD	2.1 TITLE	
NAME	STORER, ROBERT	2.2 NAME	
STREET ADDRESS	3513 FLORIDA RANCH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	LEWIS, CINDY	3.2 NAME	
STREET ADDRESS	5111 SHADY OAK DRIVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33810	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	WILLIAMSON, JENI	4.2 NAME	
STREET ADDRESS	5700 STARLING DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	VD
NAME	GROOVER, BILLY	5.2 NAME	Larry M ^e Cormack
STREET ADDRESS	1157 PASTEUR RD	5.3 STREET ADDRESS	5275 Starline Dr.
CITY-ST-ZIP	BARTOW FL 33830	5.4 CITY-ST-ZIP	St Cloud, FL 34771
TITLE	D	6.1 TITLE	
NAME	ACRES, CHERYL	6.2 NAME	
STREET ADDRESS	905 KERRY BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

411-858-4525

Daytime Phone #

CR2E037 (11/98)