

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90091 012 ****61.25

DOCUMENT # N50048

1. Entity 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

94029689



MOORE CR2E037 (11/03)

2. Principal Place of Business

2109 Gary Road
Suite, Apt. #, etc.

3. Mailing Address

PO Box 2141
Suite, Apt. #, etc.

City & State

Auburndale FL
33823 USA

City & State

Auburndale FL
33823 US/POK

4. FEI Number

59-3132199

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORER, BOB
3513 FLORIDA RANCH BLVD.
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CUZZONE, RAY	
STREET ADDRESS	1440 BREENWOOD RD	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	CD	<input type="checkbox"/> Delete
NAME	STORER, ROBERT	
STREET ADDRESS	3513 FLORIDA RANCH RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, CINDY	
STREET ADDRESS	832 LANGSTON AVE.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, JENI	
STREET ADDRESS	5700 STARLING DR	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOBBS, DAVID	
STREET ADDRESS	2206 TANGELO ST	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAMBLE, TINA	
STREET ADDRESS	4908 DOVE LN.	
CITY-ST-ZIP	AUBURNDAL FL 33823	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McClain, Trena	
STREET ADDRESS	2109 Gary Rd.	
CITY-ST-ZIP	Auburndale FL 33823	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hobbs, Kim	
STREET ADDRESS	2206 Tangelo St.	
CITY-ST-ZIP	Auburndale FL 33823	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cuzzone, Ray	
STREET ADDRESS	1440 Breenwood Rd.	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	Fundraiser	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Brenda	
STREET ADDRESS	1033 Sunrise Ct	
CITY-ST-ZIP	Lakeland, FL 33801	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kim Hobbs (TD)

3/9/2004 863-965-7467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #