

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N50643

1. Entity Name
WHITBREAD RACE AMERICAS, INC.



Principal Place of Business
**1601 NE 26TH ST
FT LAUDERDALE, FL 33305**

Mailing Address
**1601 NE 26TH ST
FT LAUDERDALE, FL 33305**



01212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0237581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, MARY E
1619 SEABREEZE BLVD.
FT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000601873
01/26/07-80067-008 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARRINSON, RALPH
STREET ADDRESS 35 ISLA BAHIA DR.
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE SD
NAME WILLIAMS, RAY
STREET ADDRESS 1259 RIO VISTA BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE TD
NAME WOOD, MARY E
STREET ADDRESS 1619 SEABREEZE BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Mary E. Wood, Treasurer Mary Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07 954-651-5681

Date

Daytime Phone #