FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N93000004623 (5)

KENRU STRIDERS TRACK CLUB, INC.

appears in Block 12 or Block 13 if changed,

| Principal Pla | ace of Business | Mailing Address | Mailing Address | | | -{ | | /IAI EIBIB EIAID | i 11888 (1881) | |
|-----------------------|---|---------------------------------|-----------------------|--------------------------------|-----------------------|--|---|------------------|------------------------|--|
| 1350 NORTH | DIXIE HWY. | | 1350 NORTH DIXIE HWY. | | | | | | | |
| APT. 15 BOCA RATON | 1 11 90100 | APT. 15 BOCA RATON FL 33432- | 4059 | | | | | | | |
| | | DUVA TATION DE SUNGE | 1802 | | | 3. Date Incorporated or Qualified 3a. Date 10/12/1993 04 | | | Report 996 | |
| — · | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | <u> </u> | L A | upplied For | |
| 21 Suito Ani | · v · | 26 | | | | 65-0453232 | | | lot Applicable | |
| Suite, Ap | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | | | Additional Required | |
| City & Sta | ale | City & State | | | | Election Campaign Financing Trust Fund Contribution | | |) May Be | |
| Zip | Country | Zip | Countr | ry | ···· | This corporation has liability for in | | | to Fees s. 199.032. | |
| 24 | 25 | 29 | 30 | | | Florida Statutes | Yes [| □ No | D. 100.00 | |
| | 9. Name and Address of Cur | rent Registered Agent | | | | 10. Name and Address of New Reg | platered | Agent | | |
| 500// | | | 81 | 1 | Name | | | | | |
| | POPKIN, EDWARD D 2499 GLADES RD. | | | 2 | Street Addre | ss (P.O. Box Number is Not Acceptable) | | | | |
| SUITE | 114 | | 8: | 3 | | | | | | |
| BOCA | RATON FL 33431 | | 84 | 4 | City | ************************************* | <u></u> | 85 Zip | Code | |
| 11. Pursuan | nt to the provisions of Sections 617.0 | 0502 and 617.1508, Florida Stat | tutes, the abo | <u>↓</u> | -named corpc | pration submits this statement for the p | uroose o | . L changing | its registered | |
| office or agent. I | 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, typied or printed name of registered | | OTE: Registered A | gent | it signature required | | DATE | | | |
| 12. | OFFICERS / | AND DIRECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | | |
| NAME | ROBINSON, NATE | La bereit | 1.1 TITLE 1.2 NAME | | | | | L Change | Addition | |
| STREET ADORESS | 40-0 41 011/10 10104 40- | 15 | | 1.2 NAME 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | 15 | 1.3 STREE | | | | | | | |
| TITLE | D | DELETE | 2.1 TITLE | | + ZH ² | | | Change | Addition | |
| NAME | WILSON, PATRICIA E | _ | 2.2 NAME | | | • | | Vining- | - Promoni | |
| STREET ADDRESS | | | 2.3 STREE | | nnress | | | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 334 | i41 | 2.4 CITY | | | 100 | | | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | -411 | | | Change | Addition | |
| NAME | MORRIS, SHERMAN | | 3.2 NAME | E | | | | _ | | |
| STREET ADDRESS | | | 3.3 STREE | ET A | ADDRESS | | | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 334 | i41 | 3.4. CITY- | | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | | *************************************** | Change | Addition | |
| NAME | | | 4. 2 NAME | E | | | | | | |
| STREET ADDRESS | إز | | 4.3 STREF | 4.3 STREET ADORESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST- | - ZIP | | | | <u> </u> | |
| TITLE | | ☐ DÉLÉTE | 5.1 TITLE | | | | | Change | Addition | |
| NAME | | | 5.2 NAME | : | | • | | | | |
| STREET ADDRESS | , | | 5.3 STREE | ET AI | JDDAESS | | | | | |
| CITY-ST-ZIP | | | 5.4 C/TY- | ST- | - ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | Change | Addition | |
| NAME | | · · | 6.2 NAME | į | | | | | | |
| STREET ADDRESS | , | | 6.3 STREE | ET AF | DDRESS | | | | | |
| | | | | | | | | | | |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR DANGE OF DIRECTOR DAY 30, 1997

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