## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000004623 (5)

KENRU STRIDERS TRACK CLUB, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State

ate Incorporated or Qualified	

Principal Place of Business Mailing Address					1 POURSON DID FONDE VERN BOUN BOUN DENN BRUIN BERNS NOOD WIN HOLD	
1350 NORTH DIXIE HWY. 1350 NORTH DIXIE HWY.					3. Date Incorporated or Qualified	
1	APT. 15				10/12/1993	
		DOOR HATOR TE SONGE			4. FEI Number Applied For	
2 Principal P	Place of Business	2a Moiling Address			65-0453232 Not Applicable	
21	2. Principal Place of Business 2a. Mailing Address 21				5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6.	
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22 27					Trust Fund Contribution Added to Fees	
City & State		— ·			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Count	rv .	☐ Yes ☐ No	
24	25	29	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Currer		1007		10. Name and Address of New Registered Agent	
			ě	1 Nam	ime	
POPKIN	, EDWARD D		E	2 Stree	reet Address (P.O. Box Number is Not Acceptable)	
	LADES RD.		-			
SUITE 1			8	3		
BUCA H	RATON FL 33431		8	4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1508. Florida Statu	ites the abo	ve-name	med corporation submits this statement for the purpose of changing its registered	
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized	by the c	corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	with the state of	ations of, Section on 10000, 1	ionoa statut	<b>03</b> .		
	Signature, typed or printed name of registered age		TE Registered A	gent signal	nature required when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	D   Robinson, Nate	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS	1350 N. DIXIE HWY., APT. 15		1.2 NAM	: Et addres:	cce	
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY		:35	
TITLE	D	DELETE	21 TITLE		☐ Change ☐ Addition	
NAME	WILSON, PATRICIA E		2.2 NAM	E		
STREET ADDRESS	561 S.W. 11 DRIVE		2.3 STRE	et addres:	ESS	
CITY - ST - ZIP	DEERFIELD BEACH FL 33441		2. 4 CITY			
TITLE NAME	D D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS	Morris, Sherman 1260 S.W. 5TH AVE.		3.2 NAMI		700	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		3.3 SIME 3.4. CITY	et addres: - St. 71p		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS	:ss	
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME OTOGET ADODESS			5.2 NAME			
STREET ADDRESS				ET ADDRESS	.55	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY- 6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		C. Orango C. Nutritori	
STREET ADDRESS				T ADDRESS	283	
CITY-ST-ZIP			6.4 CITY			

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.