

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000238 (5)

1. Corporation Name

AMERICAN BOAT RACING ASSOCIATION, INC.



Principal Place of Business

9000 INDIAN RIVER DR.
HOBE SOUND FL 33455

Mailing Address

PO BOX 704
HOBE SOUND FL 33475

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0466180

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23
Zip Country

28
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, HOMER C
4580 SE BRIDGE ROAD
HOBE SOUND FL 33455

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 D ☐ DELETE
NAME GREENE, HOMER C
STREET ADDRESS BOX 725
CITY-ST-ZIP HOBE SOUND FL 33475

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PINNER, HARRY
STREET ADDRESS 17030 131ST TERRACE N.
CITY-ST-ZIP JUPITER FL 33478

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PINK, DEAN
STREET ADDRESS PO BOX 1707 N/A
CITY-ST-ZIP AURBURDALE FL 33823

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HOOTEN, PAUL
STREET ADDRESS PO BOX 715
CITY-ST-ZIP WAUCHULA FL 33873

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GRAY, RON
STREET ADDRESS 2791 SCHOOL DR. NE
CITY-ST-ZIP PALM BAY FL 32905

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Homer C. Greene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

407-746-7816

Daytime Phone

CR2E037 (12/95)