

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 # N94000000461 (3)

1. Corporation Name

UNITED STATES TRACK COACHES ASSOCIATION, INC.

Principal Place of Business

1330-D 6TH ST.
GAINESVILLE FL 32601

Mailing Address

1330-D 6TH ST.
GAINESVILLE FL 32601



3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

08/22/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CARNES, JAMES J
1330-D NW 6TH ST.
GAINESVILLE FL 32601

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARNES, JAMES J	
STREET ADDRESS	2719 N.W. 24TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWARTZ, GARY	
STREET ADDRESS	143 ALLEN FIELDHOUSE	
CITY-ST-ZIP	LAWRENCE KS 66045	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUYST, KIM	
STREET ADDRESS	801 W. MONTE VISA AVE.	
CITY-ST-ZIP	TURLOCK CA 95382	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, CYRUS	
STREET ADDRESS	LINCOLN UNIVERSITY	
CITY-ST-ZIP	TURLOCK CA 95382	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GAGLIANO, FRANK	
STREET ADDRESS	GEORGETOWN UNIVERSITY 37TH & O STREET NW	
CITY-ST-ZIP	WASHINGTON DC 20057	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Jimmy Carnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ex. Director

1-26-96

(352) 955-2120

Date

Daytime Phone #

CR2E037 (12/95)