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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

Mailing Address

**1330-D 6TH ST.  
GAINESVILLE FL 32601**

**1330-D 6TH ST.  
GAINESVILLE FL 32601-2202**



3. Date Incorporated or Qualified  
**01/31/1994**

3a. Date of Last Report  
**01/31/1996**

2. Principal Place of Business

**21 1408 N.W. 6th St.**

Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24** **25** **26** **27** **28** **29** **30**

2a. Mailing Address

**26 1408 N.W. 6th St.**

Suite, Apt. #, etc.

**27**  
City & State

**28** **29** **30**  
Zip Country

4. FEI Number

**59-3207329**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81** Name

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

**1408 N.W. 6th Street**

**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

TITLE **D** ☐ DELETE

NAME **CARNES, JAMES J**  
STREET ADDRESS **2719 N.W. 24TH WAY**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **PD** ☒ DELETE

NAME **SWARTZ, GARY**  
STREET ADDRESS **143 ALLEN FIELDHOUSE**  
CITY-ST-ZIP **LAWRENCE KS 66045**

TITLE **VD** ☐ DELETE

NAME **DUYST, KIM**  
STREET ADDRESS **801 W. MONTE VISA AVE.**  
CITY-ST-ZIP **TURLOCK CA 95382**

TITLE **S** ☒ DELETE

NAME **JONES, CYRUS**  
STREET ADDRESS **LINCOLN UNIVERSITY**  
CITY-ST-ZIP **TURLOCK CA 95382**

TITLE **T** ☒ DELETE

NAME **GAGLIANO, FRANK**  
STREET ADDRESS **GEORGETOWN UNIVERSITY 37TH & O STREET NW**  
CITY-ST-ZIP **WASHINGTON DC 20057**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☐ Change ☒ Addition

2.2 NAME

**Bell, Sam**

2.3 STREET ADDRESS **Indiana University** **47408**

2.4 CITY-ST-ZIP **1001 East 17th St., Bloomington, IN**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **S** ☐ Change ☒ Addition

4.2 NAME

**Vercanteren, Deb**

4.3 STREET ADDRESS **Univ. of Wisconsin-108 Albee Hall**

4.4 CITY-ST-ZIP **Oshkosh, WI 54901-8601**

5.1 TITLE **T** ☐ Change ☒ Addition

5.2 NAME

**Barber, James**

5.3 STREET ADDRESS **Southern Connecticut State Univ.**

5.4 CITY-ST-ZIP **New Haven, Ct. 06515-2401**

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/97 352-955-2120**

CR2E037 (9/96)